

Name
in
Full

William Ardingier 274

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Williamsport	Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 13	Years 44	Months 3	Days 1
Sex	Male	Color or Race	White	Birth-place	Williamsport	
Occupation	Laborer			Where Residing if not at place of death	"	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Benjamin Ardingier			Father's Birthplace	Williamsport	
Mother's Maiden Name	Susan Thompson			Mother's Birthplace	Wmsh. Ma	
Name of person giving information	Jas Ripple			How related to deceased	Bro & Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scrofula

35

How long

Two weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

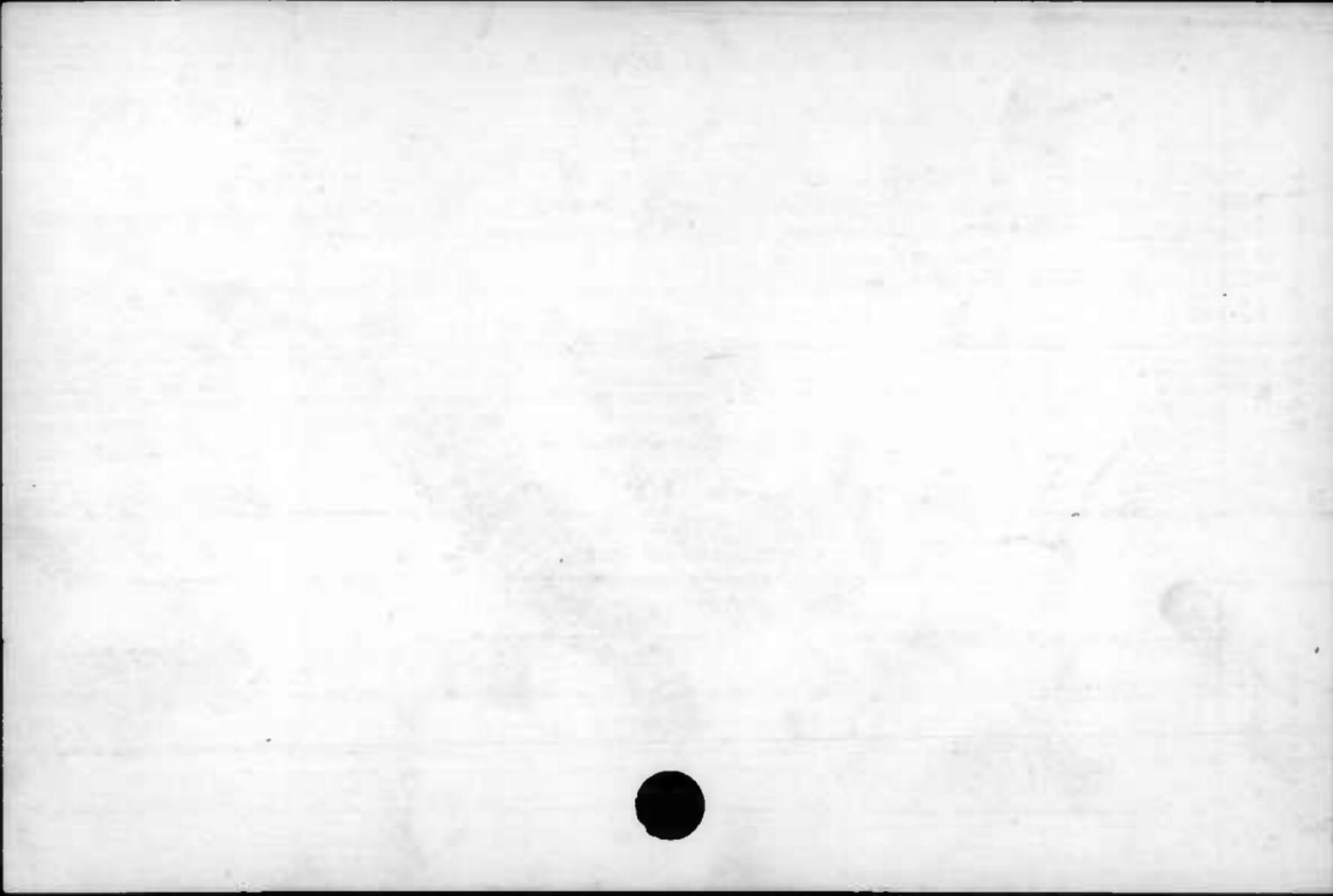
Yes

Signature of Physician

Address

Samuel K. Snively M.D.
Williamsport Md.

Accident or Suicide?



Name
in
Full

Charles E. Babylon.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Baltimore		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	white	Birth-place	2nd.	
Occupation	R.R. Flagman		Where Residing if not at place of death	Hagerstown, Md.		
Married, Single or Widowed	married	Name of Wife or Husband	Mr Nettie M. Babylon.			
Father's Name	John T. Babylon		Father's Birthplace	2nd.		
Mother's Maiden Name	Agnes Arthur		Mother's Birthplace	"		
Name of person giving information	Mrs C. E. Babylon		How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Shock	100	How long
Immediate	Accident Run over by train		How long

Are the name, age, sex, color, date and place correctly given above?

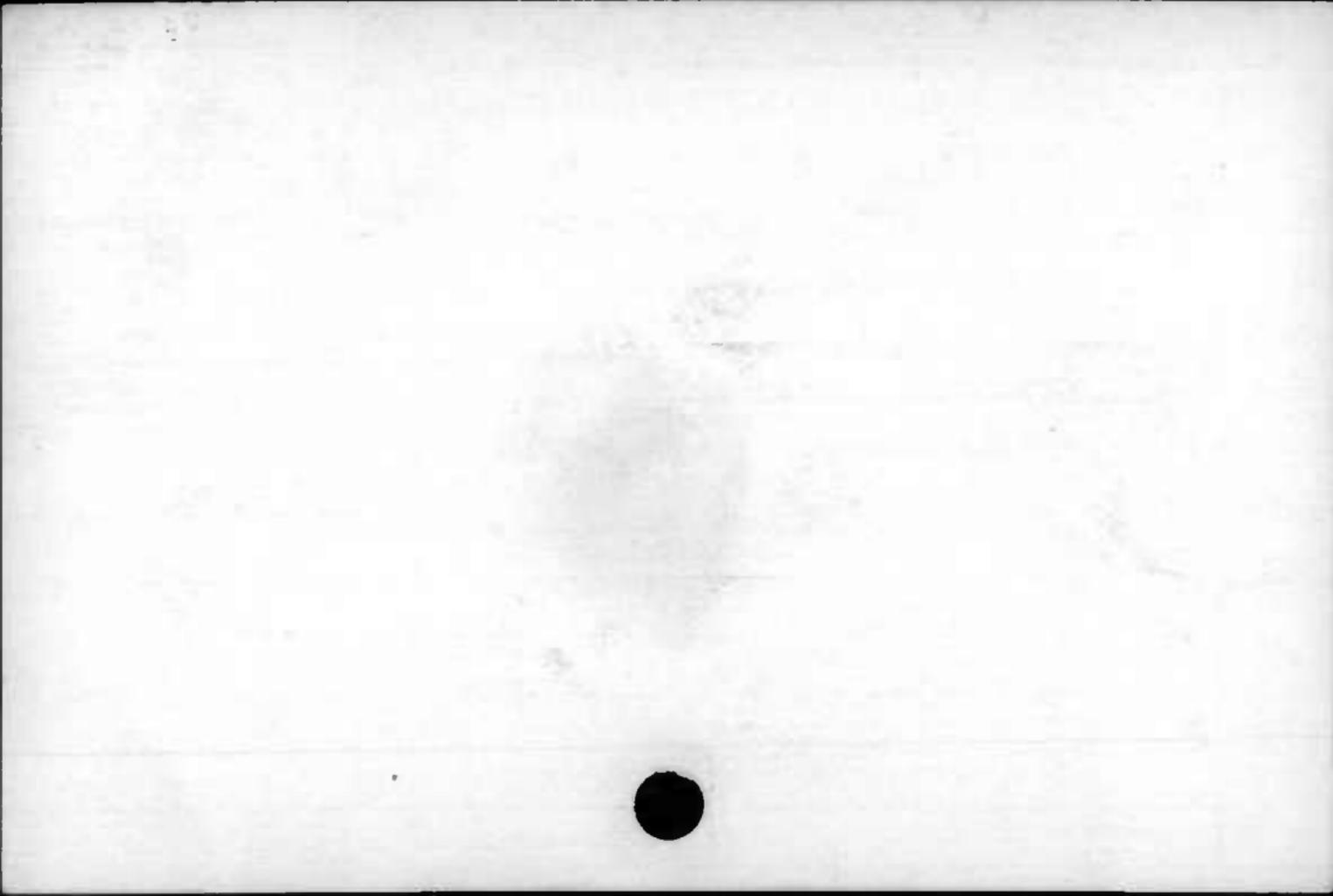
yes

Signature of Physician

Address

Benj' S. Hayden,
Baltimore,
Md.

Accident or Disease?



Name
in
Full

Susan Alice Bond

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race	white			Birth-place	Maryland
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Wavid Bond				
Father's Name	Joseph Ingram			Father's Birthplace	Maryland	
Mother's Maiden Name	Katharine Ingram			Mother's Birthplace	"	
Name of person giving information	Joseph W. Ingram			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 6 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L.H. Gantz

Accident or Suicide?

Address

Glens Falls,
New York

Eng the Masters.
Undertakes

Name
in
Full

Albert, H. H. Boward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	16	6 24
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	W. H. Boward		Father's Birthplace	Md	
Mother's Maiden Name	Edith, Garlock		Mother's Birthplace	Md	
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* *b7* How long

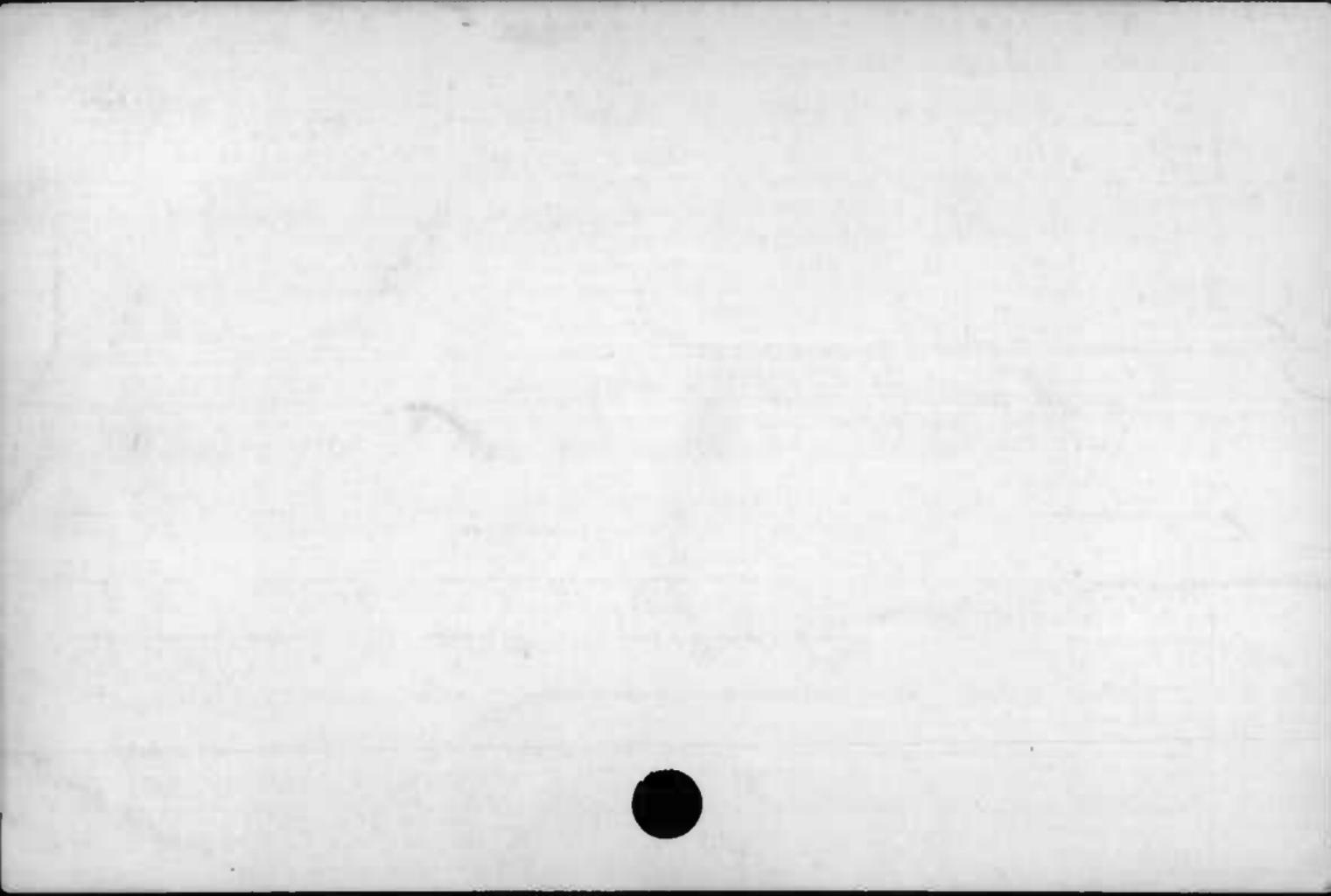
Immediate *Exhaustion* *b7* How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Barbara Boward

CERTIFICATE OF DEATH

Died at	Town	County	Cause of Death		
	Chambersburg Franklin	Penns.	Hypertension		
Date of death	Month	Day	Years	Months	Days
1905	Sept	30	59	6	1
Sex	Color or Race	white			
Occupation		Where Residing if not at place of death	Nagarktow Md.		
Married, Single or Widowed	Name of Husband	Wm Boward			
Father's Name	John Steingbaugh	2nd			
Mother's Maiden Name	Not known				
Name of person giving information	John Steingbaugh	brother			

CAUSES OF DEATH

Primary

How long

(20)

Immediate

How long

Bright's Disease

Are the name, age, sex, color, etc.
and place correctly given above?

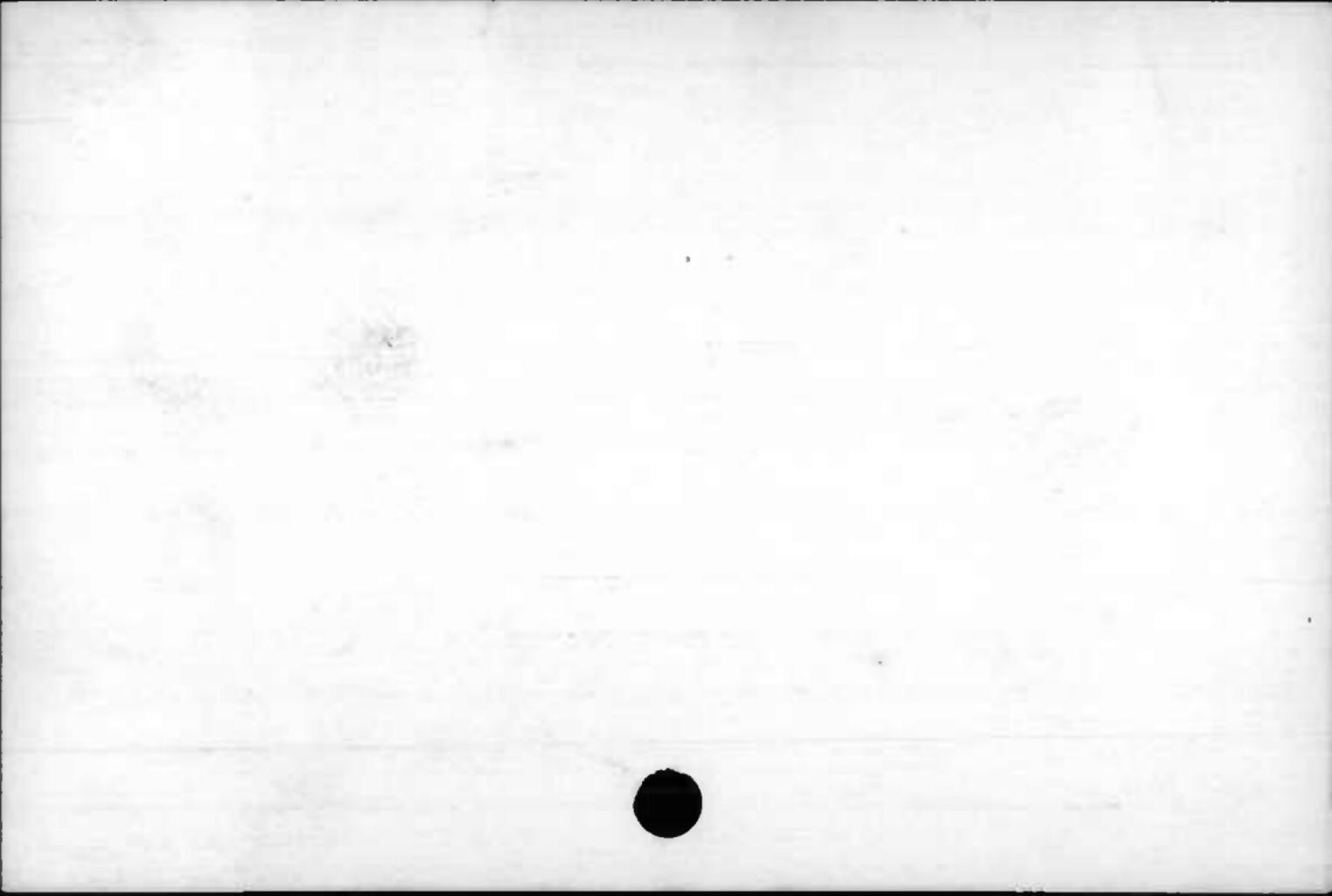
Signature of
Physician

P.B. Montgomery,

Chambersburg,
Pa.

Address

Accident or Suicide?



Georgeanna Eliz Jane Byers

Town

County

Pa

MARYLAND

Died at Middleburg

Month

Day

Franklin Co

Date 1905 December 26

Y.

M.

D.

Native of

Occupation

White

Age 1. Married

Widow

Pan

Female

Single

Widower

Divorced

Number of children living

Husband
of

Father's Name John Byers

Mother's Name

Cause of

Primary

Meningitis

How long sick

Ten days

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Address

Hagerstown Md.

Chas. B. Boyle, M.D.
Hagerstown
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

New Salem. Md.

Name
in
Full

Glenn Markwood Clipp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Washington			County		
Died at	Tango			Maryland		
Date of death	Month	Day	Years	Months	Days	
19057	12	31	2	8	6	
Sex	Male	Color or Race	White	Birth-place	Tango	
Occupation	Mona			Where Residing if not at place of death		
Married, Single or Widowed				Tango		
Father's Name	Frank Clipp			Father's Birthplace		
Mother's Maiden Name	Estella Laslie			W Va		
Name of person giving information	Estella Clipp			Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

1 day

Immediate

Bronch Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

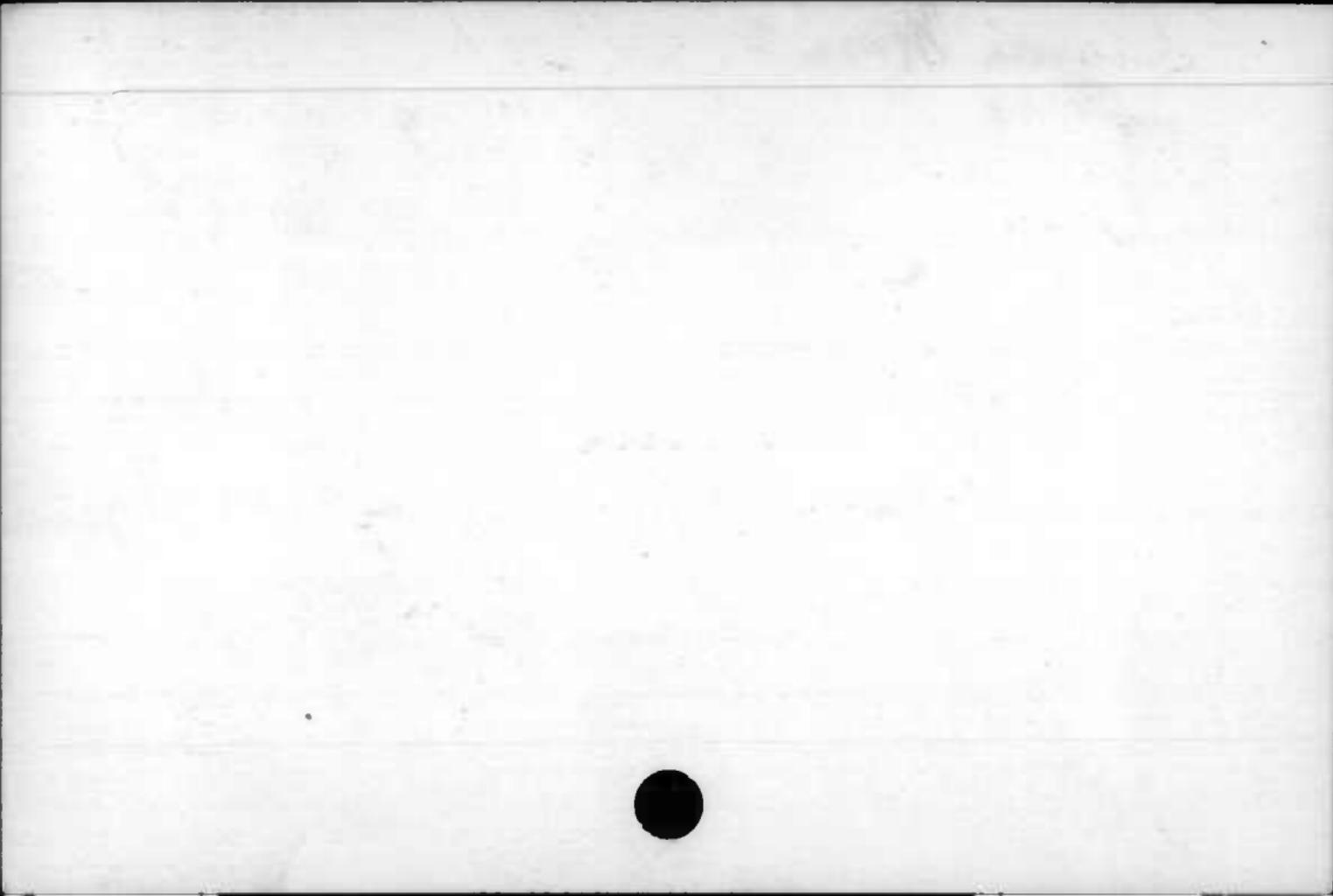
Yes

Signature of Physician

Address

W. M. Shisher
Keedysville
Md

Accident or Suicide?



Name
in
Full

Charles H. Fo leushwa No 291

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days
Sex Male	Color or Race	White	Birth-place Hazelhurst Md		
Married, Single or Widowed	Occupation	Member of firm leushwa then			
Name of Wife or Husband	Gertrude leushwa				
Father's Name	Victor leushwa	Father's Birthplace	Washington D.		
Mother's Maiden Name	Mary A. Keigh	Mother's Birthplace	" "		
Name of person giving information	D. K. leushwa	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute nephritis (9) Ten days.

How long

How long

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Michael F. Waller

Accident or Suicide?

J. H. Miller
Rose Hill Cemetery

Name
in
Full

Louisa Davis

275

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Neck	Town	Washington	County	MARYLAND
Date of death	1905 Dec	Month	13	Day	Years
Age	73	Color or Race	White	Months	6
Sex	Female	Occupation	Milliner	Birth-place	Church Dear Mama
			Where Residing if not at place of death	—	
Married, Single or Widowed	Widow	Name of Wife or Husband	W D Davis	Father's Birthplace	
Father's Name	Mr Stifler	Mother's Maiden Name	Eliza James	Mother's Birthplace	in Neck
Name of person giving information	Connelious Davis	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tenility

154

How long

One year

Immediate

Exhaustion

How long

Ten days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Kirby

Williamsport - Md.

Accident or Suicide?

J. F. Kups Undertaker

In town at Bakersville -

Name
in
Full

George L. Leffindall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	carvetown	Washington			
Date of death	1905	Month	Day	Years	Months Days
		Dec	8	0	2 8
Sex	Male	Color or Race	white	Birth- place	Carvetown
Occupation				Where Residing if not at place of death	11
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	George, L. Leffindall			Father's Birthplace	Smithsburg
Mother's Maiden Name	Minnie Myrtle Hoffman			Mother's Birthplace	Chewsville
Name of person giving Information	11	11	19	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Complications of Disease

How long

1 month

Immediate

General & Prolonged

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

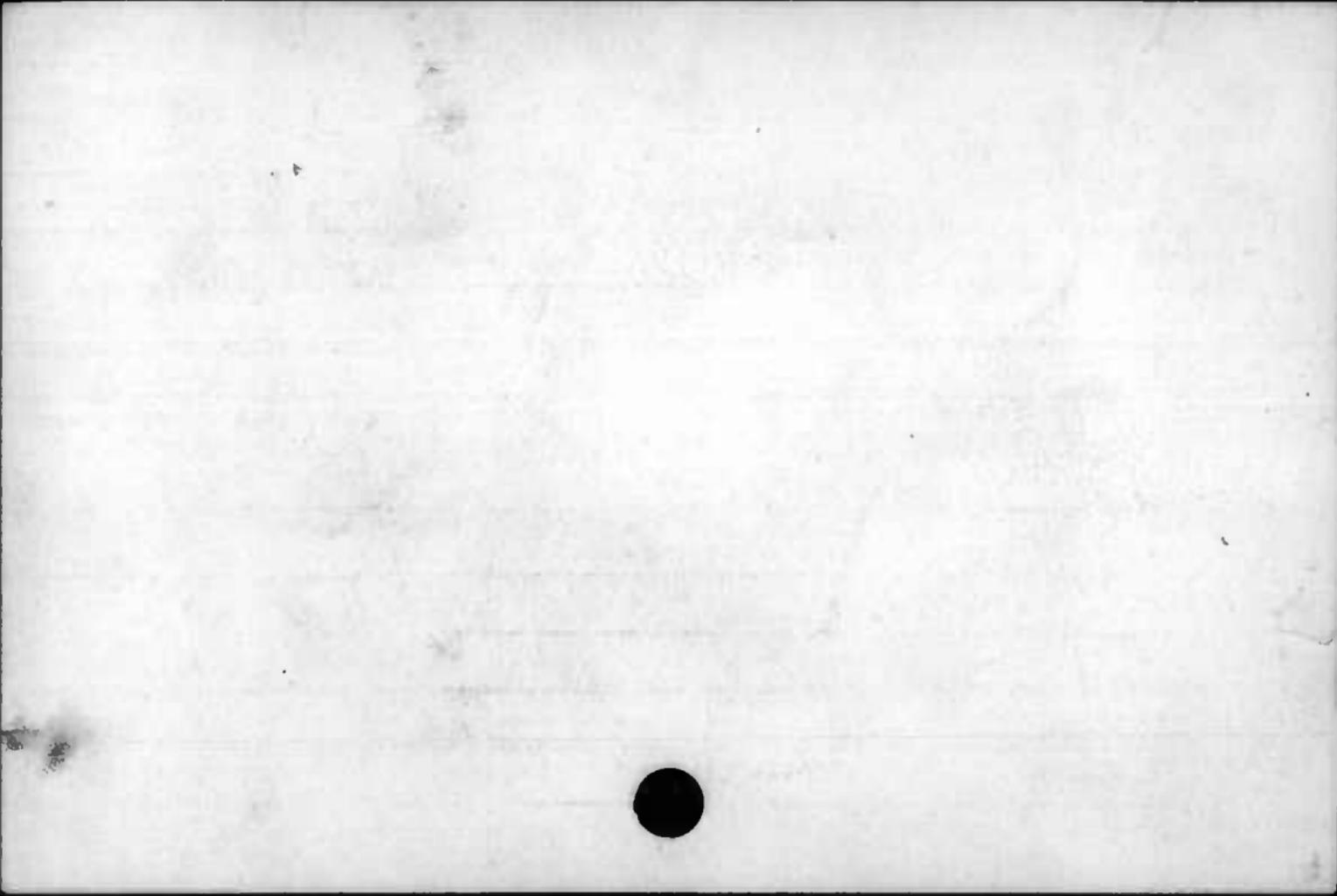
Yes

Signature of
Physician

Address

John Leibow
Southsbury
Maryland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Annabella Jane Diggs						CERTIFICATE OF DEATH		
Died at Hagerstown			Town	County Washington			MARYLAND	
Date of death	1903	Month 12	Day 30	Age 63	Years	Months	Days	
Sex Female	Color or Race Colored		Birth-place Md					
Occupation House work	Where Residing if not at place of death							
Married, Single or Widowed Married	Name of Wife or Husband John Wesley Diggs							
Father's Name Nelson Brander	Father's Birthplace Md							
Mother's Maiden Name don't know	Mother's Birthplace							
Name of person giving information John Diggs	How related to deceased Husband							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acut. Rheumatism

How long

Two or three days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

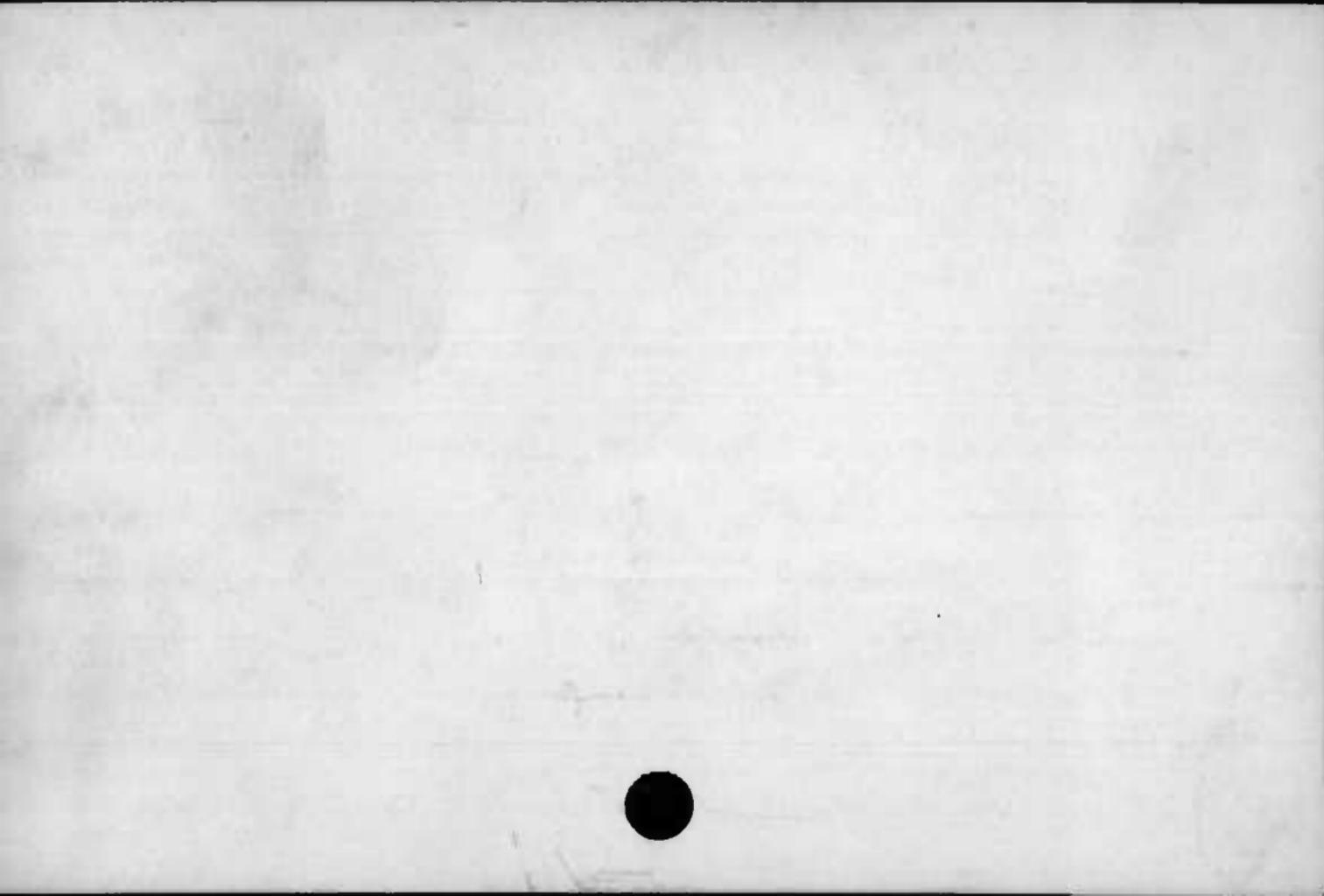
H. H. Den. M.D.

as far as I know

Address

Hagerstown
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William S. Duffy

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	12	25	82	7	10
Sex	male	Color or Race	white	Birth-place	Mid.
Occupation	Painter				
Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife - Husband	Eliza F. Duffy	Father's Birthplace	Ireland
Father's Name	John W. Duffy				
Mother's Maiden Name	Mary Smith				
Name of person giving information	O. J. Duffy				
How related to deceased	son				

CAUSES OF DEATH

Primary

Card debility

15+

How long

Gradual decline

Immediate

Card debility

How long

Sometimes

Are the name, age, sex, color, date and place correctly given above?

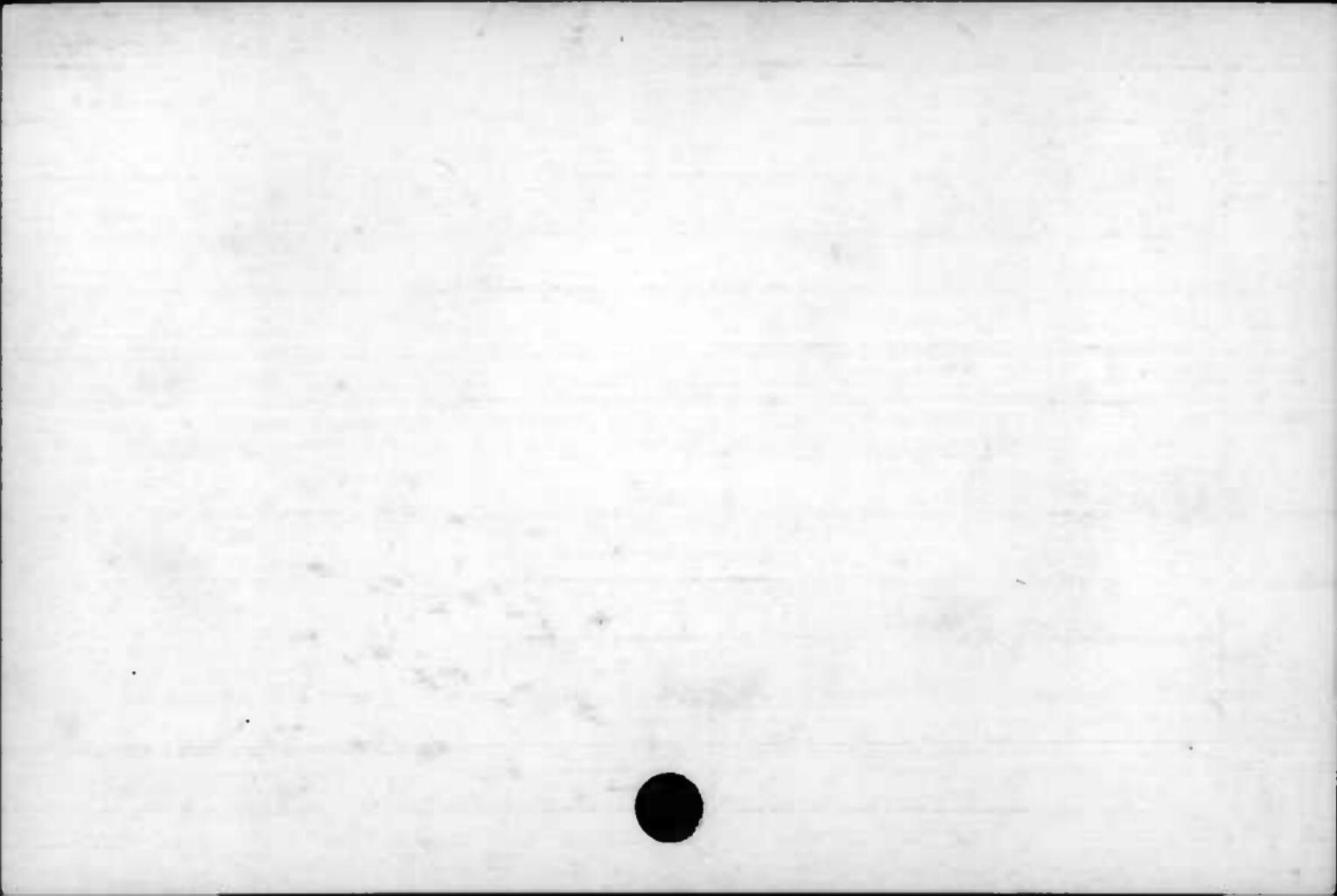
Signature of Physician

yes -

Address

Rev. O. Boylston

Accident or Suicide?



Name
in
Full

Mrs Martin L. Flook

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Occupation	Birth-place	
Married, Single or Widowed			Harmen Wife	May Myerstown	
Name of Wife or Husband	Martin L. Flook				
Father's Name	Jacob Shank				
Mother's Maiden Name	Mahala Bowles				
Name of person giving information	Mrs Lloyd Koogler				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart disease (Valvular)

How long

Indefinite.

Immediate

Anasarca. Cardiac failure

How long

Two weeks, ab.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

B. H. Nock M.D.

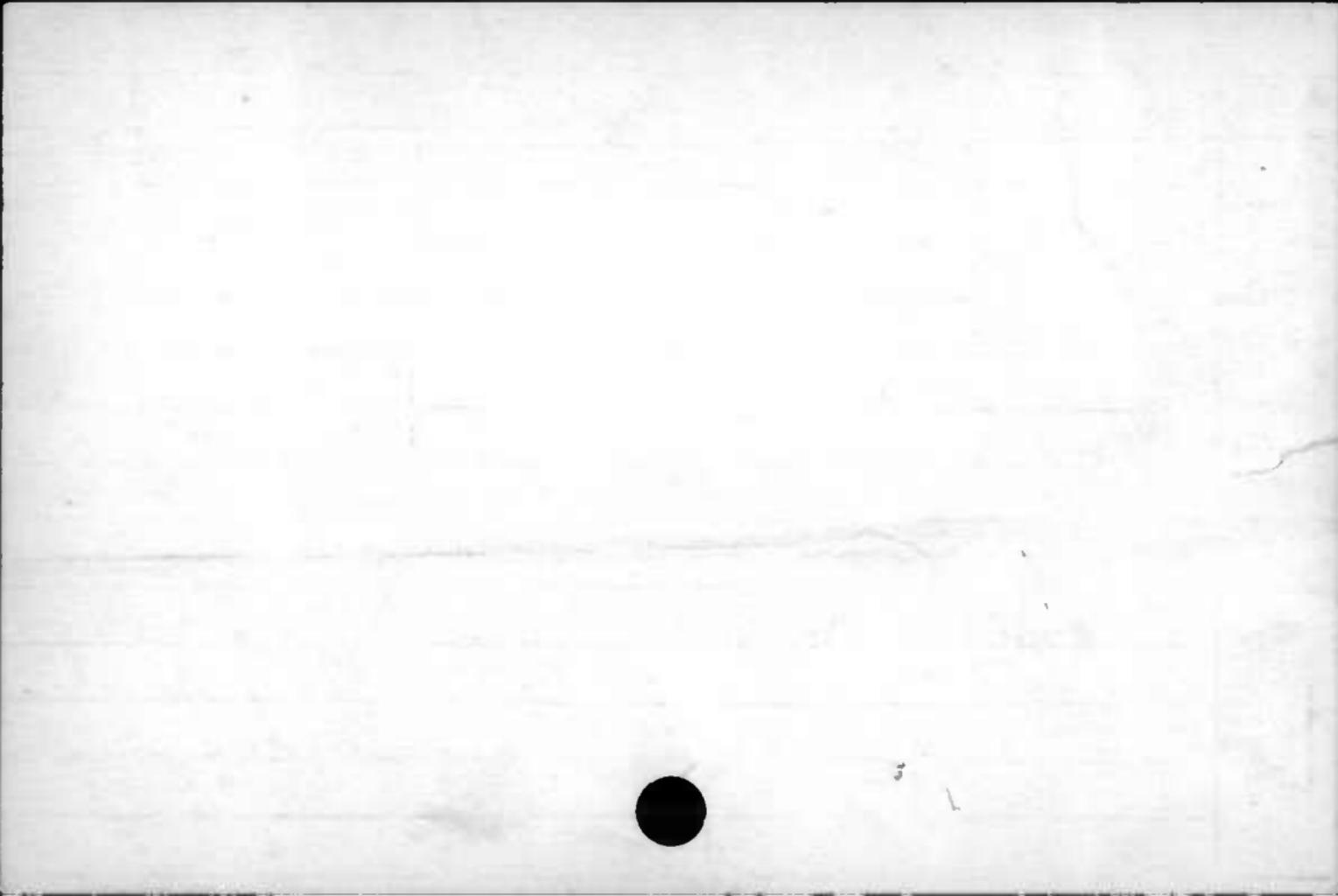
Address

yes.

Myerstown

Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Eliaser Prager

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Eliaser Prager					
Mother's Maiden Name	Dorothy Brown					
Name of person giving Information	Elaura Prager					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prolunga
Convulsions

10

How long

Five days

How long

1/2 hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

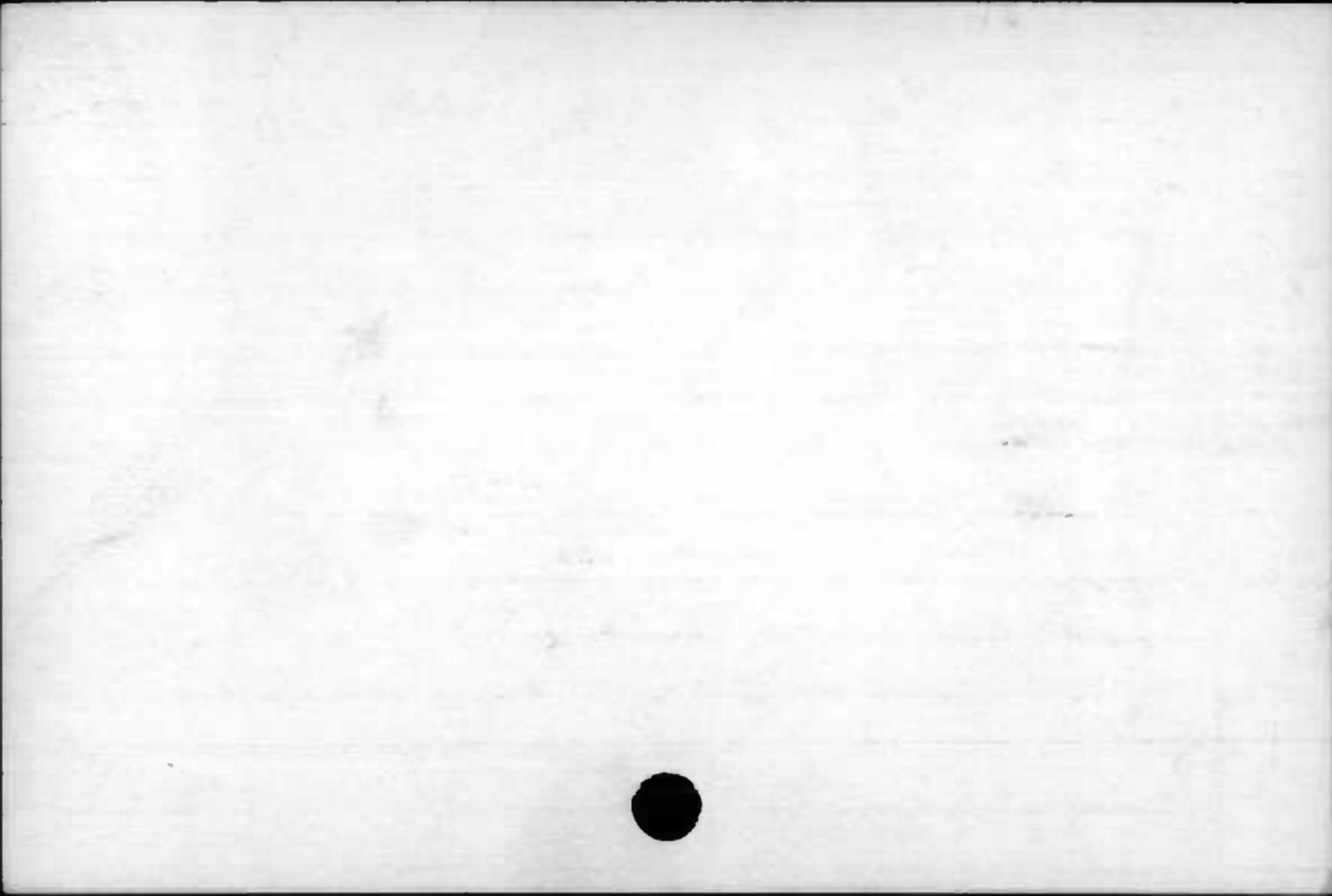
Yes

Signature of Physician

Address

D. David O'Leary
Hagerstown Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Ellen Fraser

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupations	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hazel Fraser			
Father's Name	Joseph Dawson				Father's Birthplace
Mother's Maiden Name	Doris Knobell				Mother's Birthplace
Name of person giving information	Alice McFadden				How related to deceased

CAUSES OF DEATH

Primary

Throat Trouble

How long

Immediate

Convalescence

How long

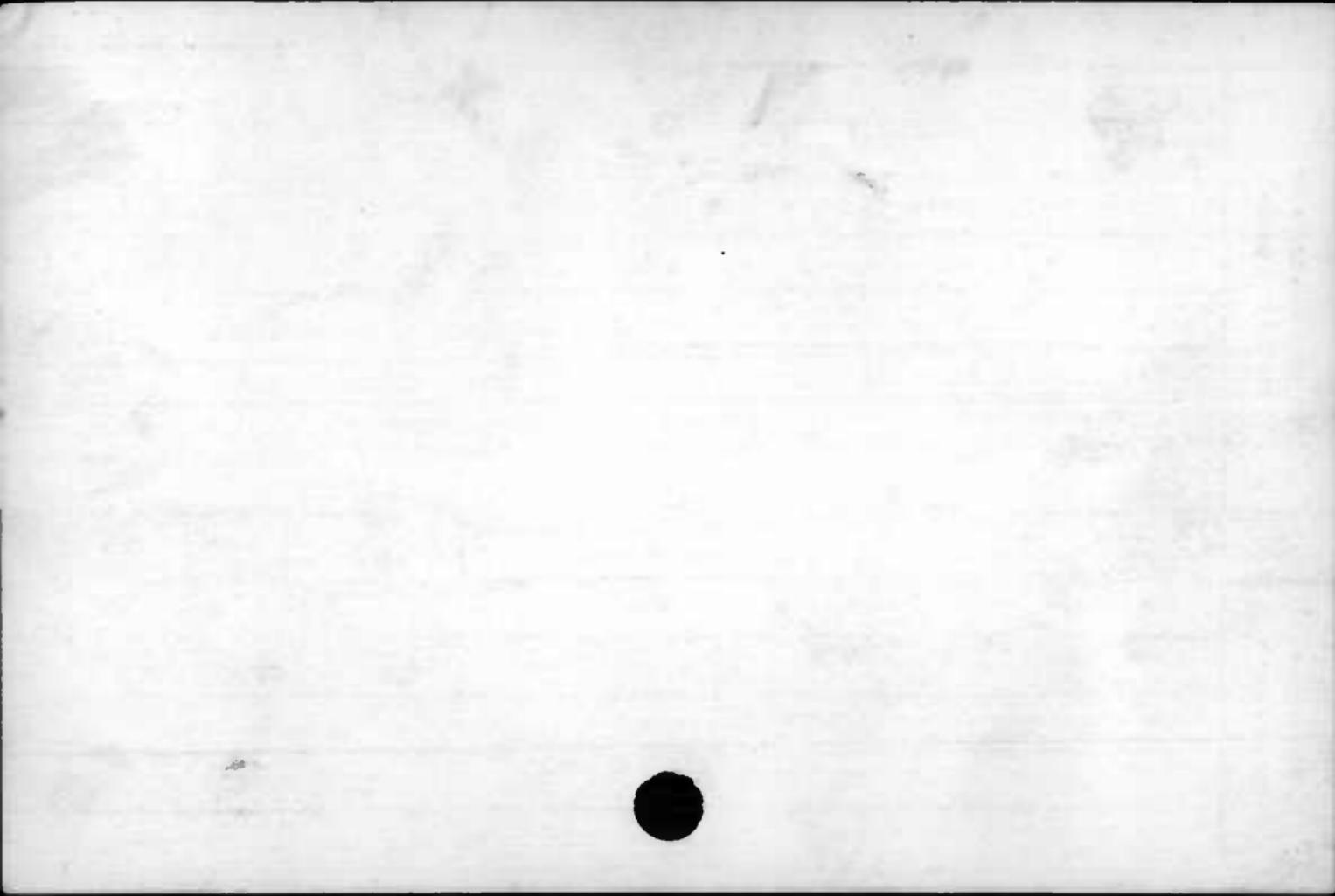
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

A. K. Coffey
Mayeslev Rd
Redstock



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Concordia	Washington	
Date of death 1905	Month 12	Day 31
Age 72	Years	Months
Sex Female	Color or Race White	Birth-place Concord Md.
Occupation Wife Farmer	Where Residing if not at place of death Groverton	
Married, Single or Widowed Married	Name of Wife or Husband Richard Furley, Jr	Father's Birthplace Charleston
Father's Name Isaac Durbin	Mother's Birthplace Smithfield, Va	
Mother's Maiden Name Elizabeth	How related to deceased	
Name of person giving information Richard Furley		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burning

X61

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

This Doose

Address

Neogus town

Accident or Suicide?

D'Heureux Books
Levitt St.
Hasseltine Rd.

Name
in
Full

Joseph M. Lehr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Indianspring Park		
Date of death 1905 Month Dec Day 9	Age 63 Years	Months 11 Days 29
Sex Male	Color or Race White	Birth-place Md
Occupation Farmer	Where Residing if not at place of death Indianspring	
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband Elizabeth Forsythe	
Father's Name William M. Lehr	Father's Birthplace Md	
Mother's Maiden Name Sophia Winsell	Mother's Birthplace Md	
Name of person giving information John Lehr	How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

How long

3 weeks

Immediate

Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

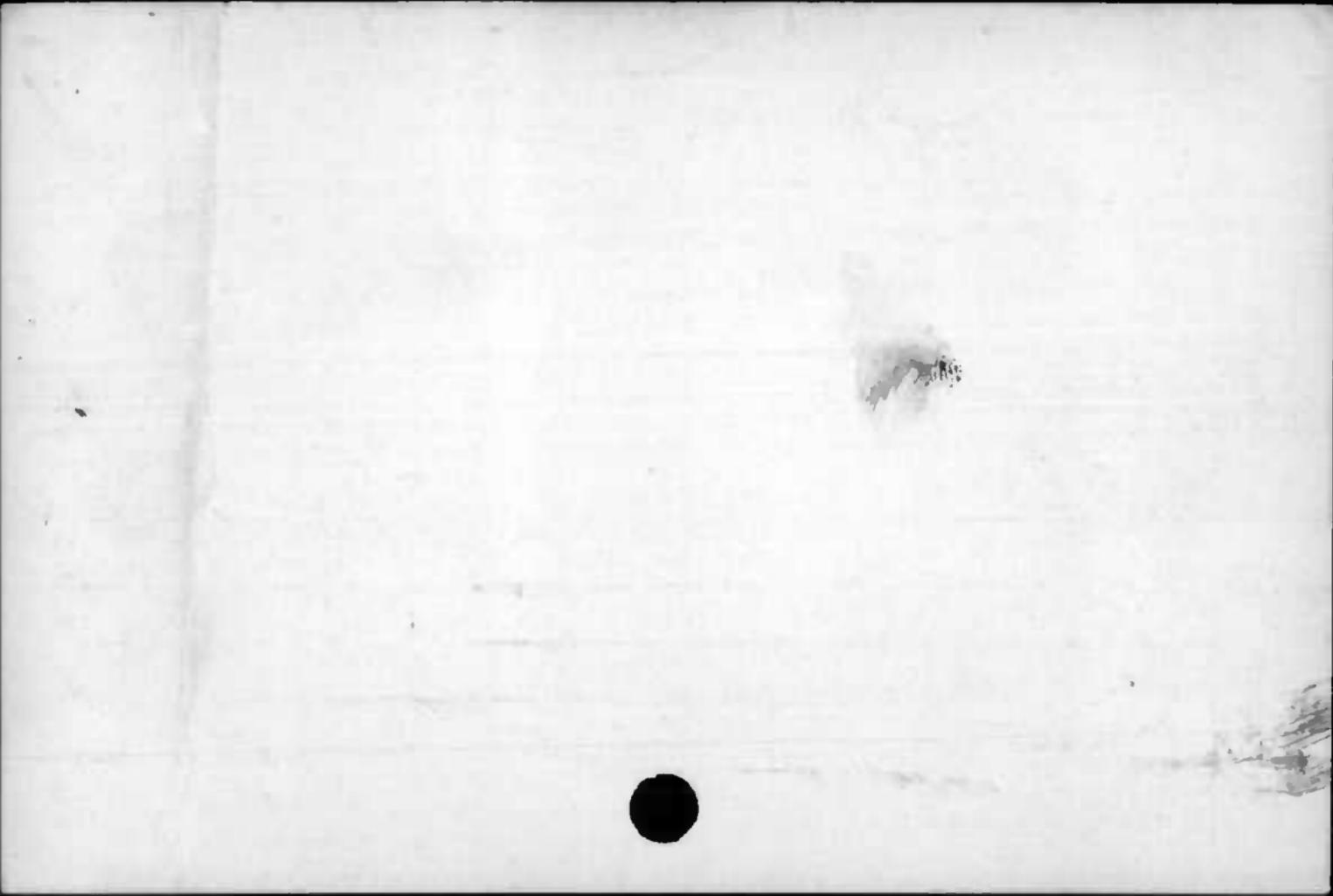
Signature of Physician

Address

L. J. Mason, M.D.

Clearspring Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jane Bevecka Goens

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
1905	Dec	15	—	—	17	
Sex	Color or Race		Birthplace			
Female	Colored		Clarspring			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Luther Goens					
Mother's Maiden Name	Martha Lee Miles					
Name of person giving Information	William L. Goens					
CAUSES OF DEATH						
Primary	119					How long
Immediate						How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

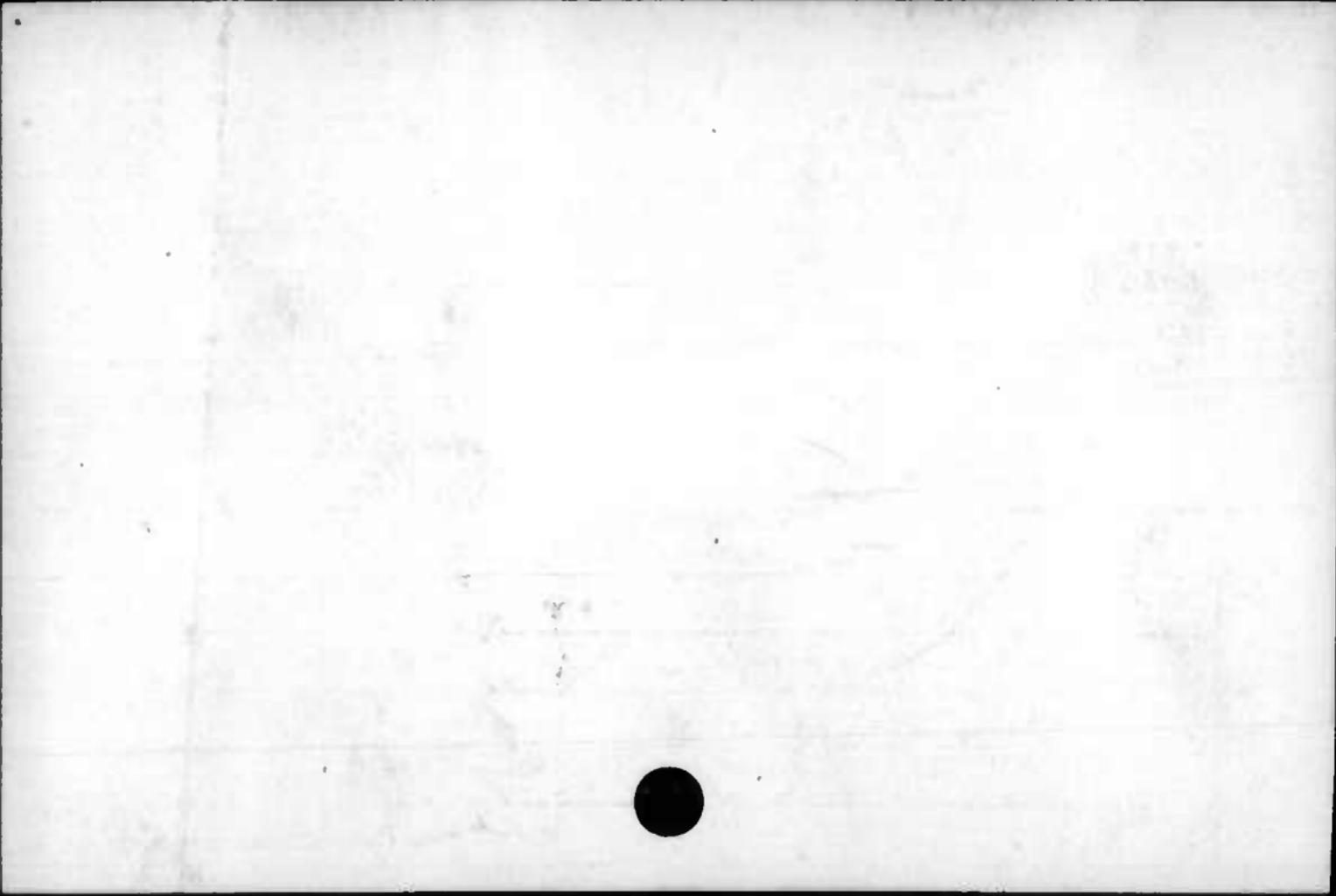
Signature of Physician

J.P. Perry

Address

Clarspring, Pa.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Caleb Dennis

CERTIFICATE OF DEATH

Died at	Town <i>Clearspring</i>	County <i>Washington</i>	MARYLAND		
Date of death	Month <i>Dec.</i>	Day <i>2</i>	Years	Months	Days
Sex	Male	Color or Race	<i>Colored</i>	Birth- place	<i>Clearspring</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>William Luther Dennis</i>		Father's Birthplace	<i>Clearspring</i>	
Mother's Maiden Name	<i>Marta L. Giles</i>		Mother's Birthplace	<i>Clearspring</i>	
Name of person giving Information	<i>William L. Dennis</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

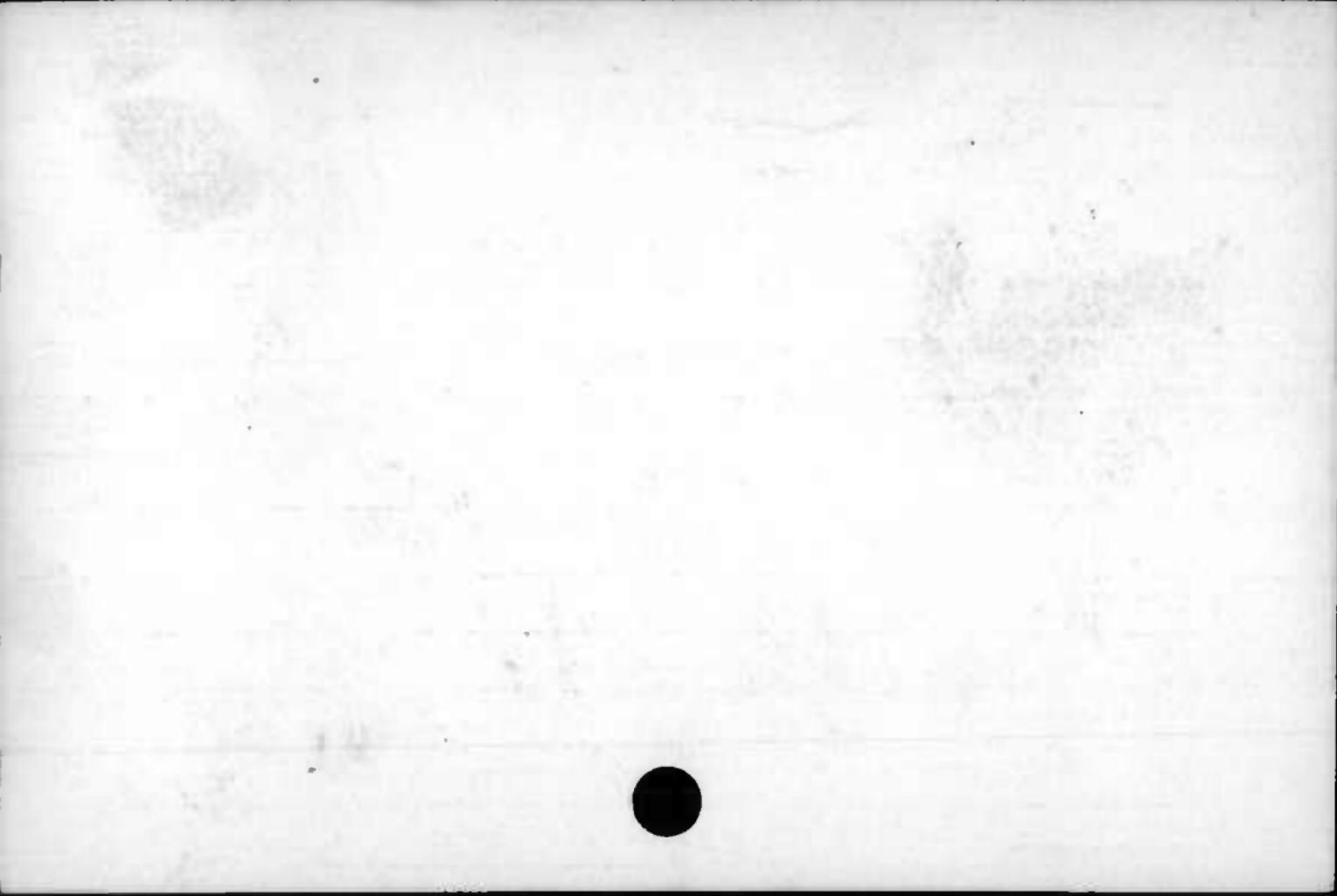
Signature of
Physician

Address

J.P. Perry

Clearspring Ind.

Accident or Suicide?



Name
in
Full

Rachel Alice Grimes

CERTIFICATE OF DEATH

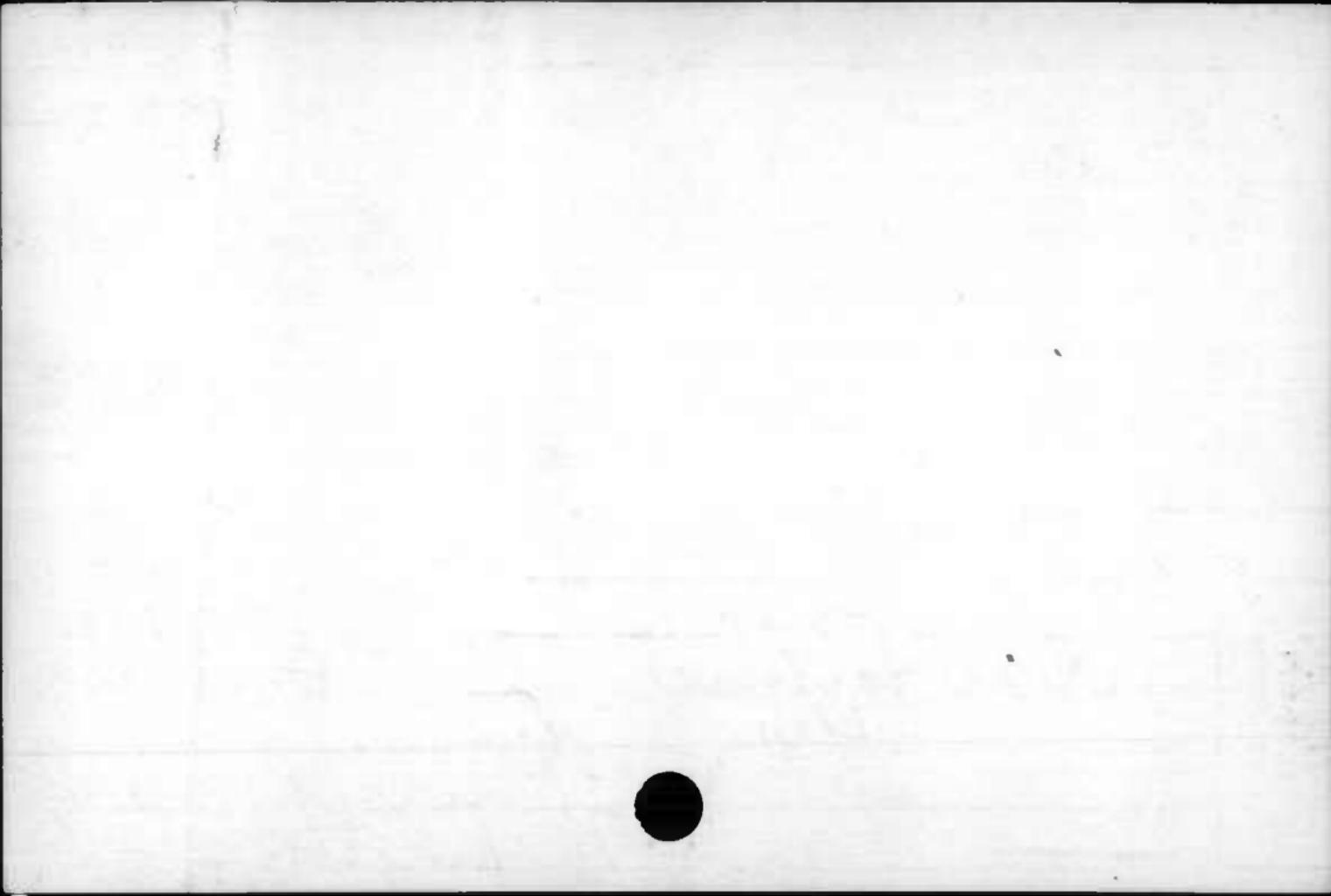
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Amos Grimes	
Father's Name	Samuel Lockbaum		
Mother's Maiden Name	Sarah Davis		
Name of person giving Information	Lancelot Shank		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	7 days
Immediate	Heart failure		How long	One day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Abraham Shank
			Address	6 Learspring Washington Co.
Accident or Suicide				



Name in Full

Certificate of Death

Joseph
Thomas Hagan

Town

County

Died at

near Sandy Hook Washington

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	12	27				Md	Rail road man
Male	White	Husband	Widow	Broad			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name

Thomas Hagan Mother's Name: Susan Hagan

Cause of

Primary

How long sick

Death

Immediate

Accident - a fall on head

Accident, Suicide, Homicide

Reported by

Dr B B Hanson

Address

Harpers Ferry Wist Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lester Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Sylvester C. Haines		Father's Birthplace	Maryland			
Mother's Maiden Name	Belle O Myers		Mother's Birthplace				
Name of person giving information	Jerome Lewis		How related to deceased	neighbr			

CAUSES OF DEATH

Primary	Heart trouble & burst of my lung		How long	short time
Immediate	"	"	How long	-
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. St. Esenstrum - Shenandoah 220	
Address				
Accident or Suicide?				

Eugene Marker
Undertaker.

Name
in
Full

Daniel Hess

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Washington County			MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death 1905	12	26	Age 80	8	7
Sex Male	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Martha Alice Hess		
Father's Name	John Hess		Md		
Mother's Maiden Name	Rever		Md		
Name of person giving information	John G Hess		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

How long

15 yrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

CR Scheuer

Address

Accident or Suicide?

No.

Taney (tin)

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Eliza J Holmes

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Burg

Date
of death 1905

Month
12

Day
23

Years

61

Age

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

W. Va

Occupation

housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of ~~W.~~
Husband

Henry Clay Holmes

Father's
Name

Melvin

Father's
Birthplace

Mother's
Maiden Name

Melvin

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Unnatural

How long

2 yrs.

Immediate

Cramps colic

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

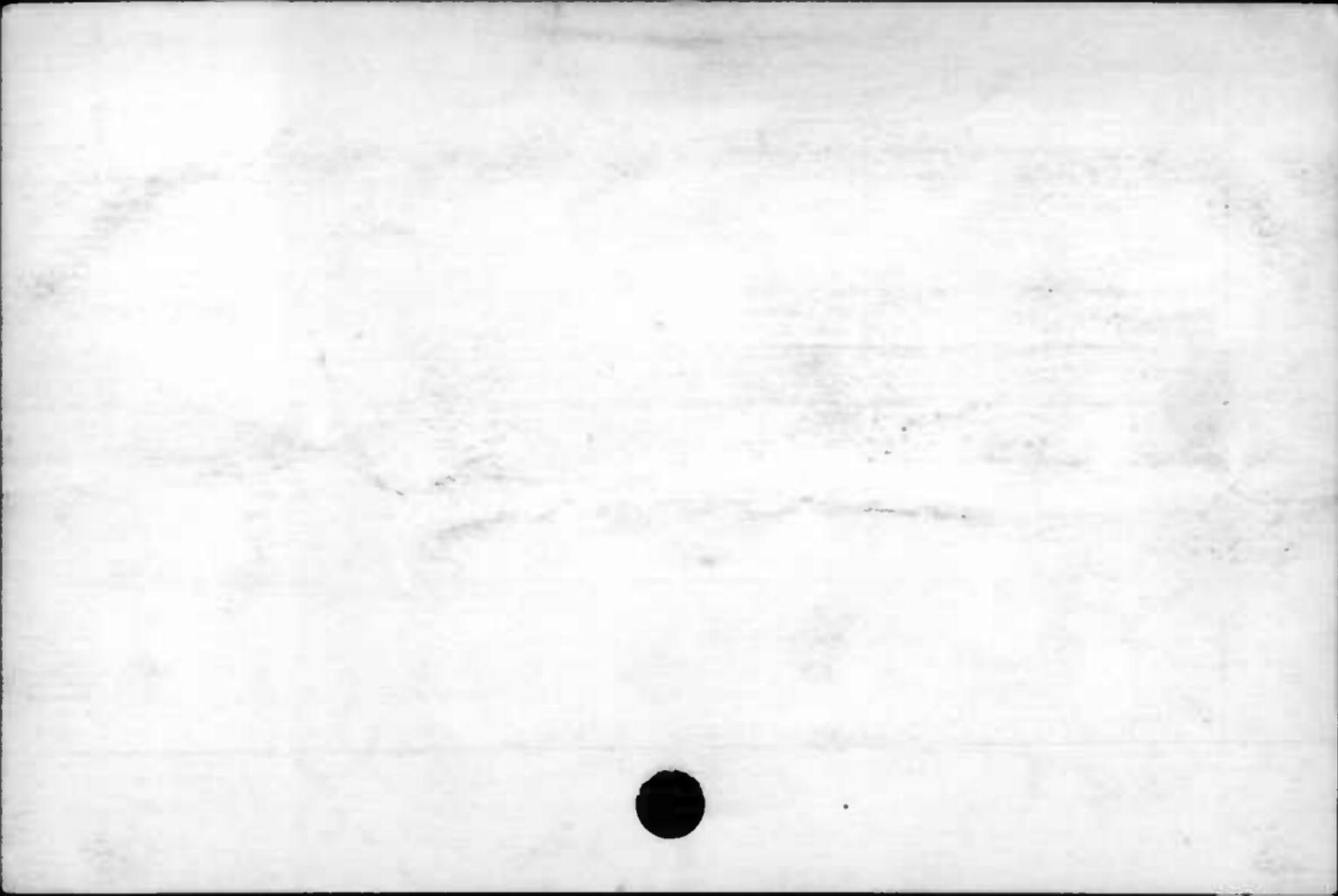
Signature of
Physician

C. D. Baker

Address

Rohresville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Houser

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace	
Mother's Maiden Name	Lesterette Fox	Mother's Name	Birthplace	
Name of person giving information	Jacot Houser	How related to deceased	Relationship	

CAUSES OF DEATH

Primary	Fracture of skull & disinte-	How long
Immediate	Exstinction of Brain.	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician

Address	Accident
---------	----------

Accident

Caurown

Name
in
Full

Madamoseille Marianne Jacob

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	France	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Not Known				
Mother's Maiden Name					
Name of person giving Information	Mrs Icia Swardt				

CAUSES OF DEATH

PART
OR CORONER

Primary

Diabetes
Thiamine

50

How long

Several years

Immediate

How long

Three days

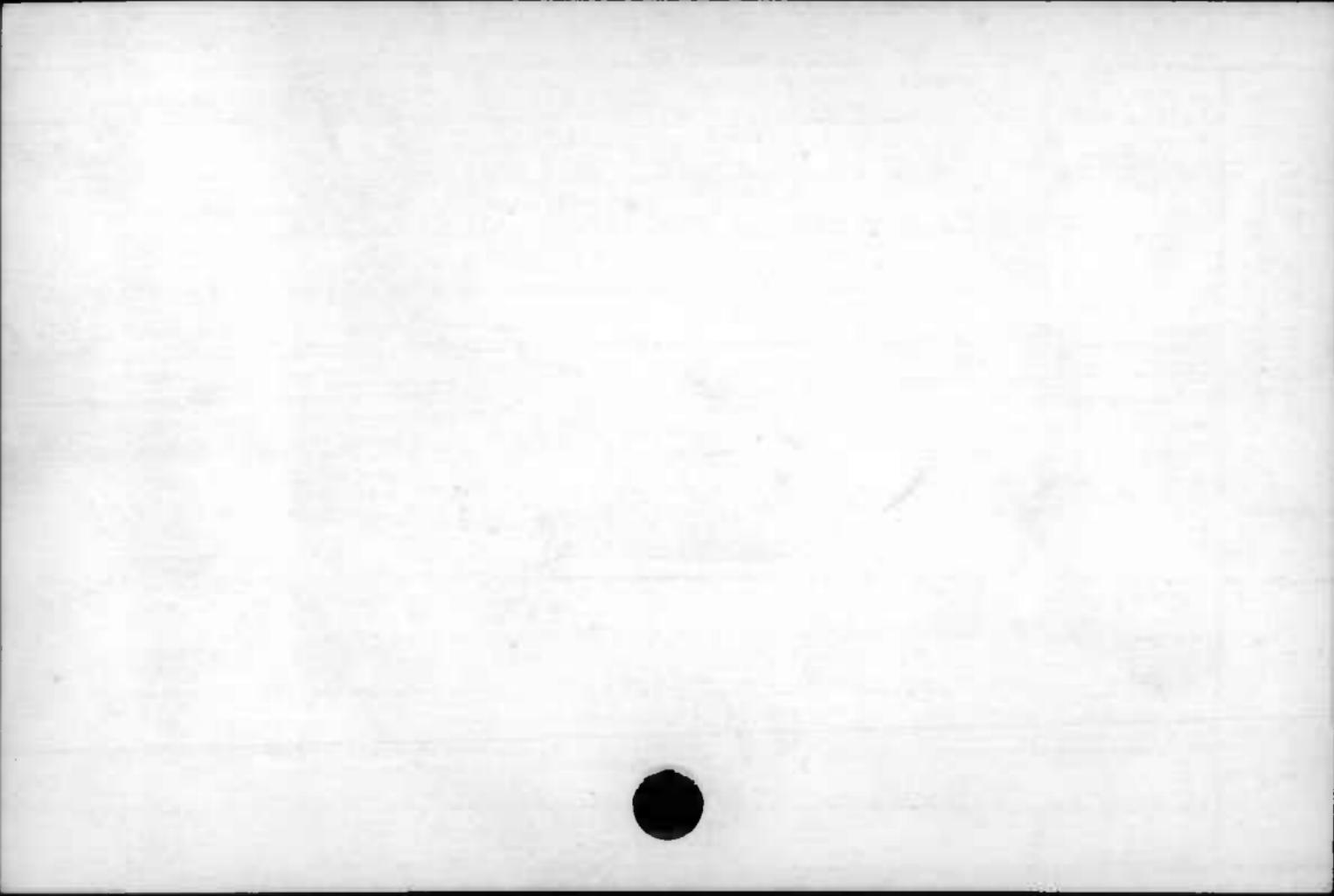
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Odele Aguirre
Hagerstown Md.

Accident or Suicide?



Name
in
Full

Holten Jeukins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edward Jeukins					Father's Birthplace
Mother's Maiden Name	Harriett Burghers					Mother's Birthplace
Name of person giving information	Harriet Jeukins					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sybercrosis	How long	6 mos.
Immediate	Exhaestione	How long	6 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	CR Scherer
		Address	Stagesdown Drq.
Accident or Suicide?		No.	

Wm Spt.

Name
in
Full

John W. Kemmerling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John W. Kemmerling				
Mother's Maiden Name	Naomi R. Gepford				
Name of person giving information	Robert Gepford				
CAUSES OF DEATH					
Primary	Pneumonia				How long
Immediate	Heart failure				How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

James, Henry, Kerr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife				
Father's Name	Mary Ann Kerr				
Mother's Maiden Name	Samuel Kerr				
Name of person giving information	Chamberburg				
Miss Nellie Kerr					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old age* How long *One year*
Immediate *Exhaustion* How long *One month*

Are the name, age, sex, color, date and place correctly given above?

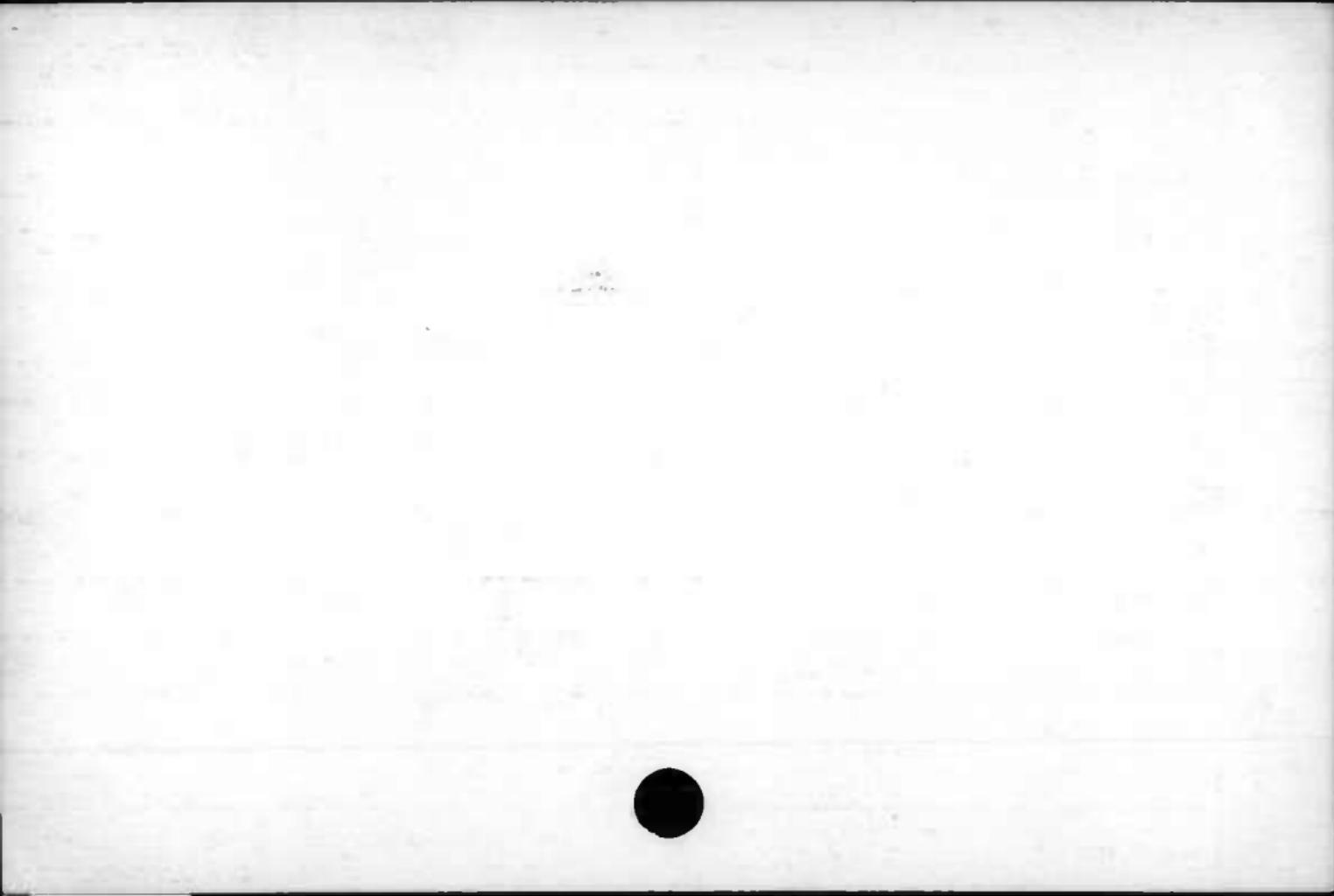
Yes

Signature of Physician

Address

Abraham Shank
Clearspring
Washington Co

~~Accident or Suicide~~



Name
in
Full

Mary A Leggett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leitersburg</u>		County <u>Washington.</u>		MARYLAND			
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>2</u>	Age <u>89</u>	Years	Months <u>10</u>	Days <u>3</u>	
Sex <u>Female.</u>	Color or Race <u>White.</u>	Birth-place <u>Taneytown</u>					
Occupation <u>House wife.</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband						
Father's Name <u>Paul Haugh</u>	Father's Birthplace						
Mother's Maiden Name <u>Elizabeth Wreck</u>	Mother's Birthplace						
Name of person giving information <u>Mary A. Wishard.</u>	How related to deceased <u>Grand Daughter</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infirmities of old age

New long

How long

10 days

Immediate

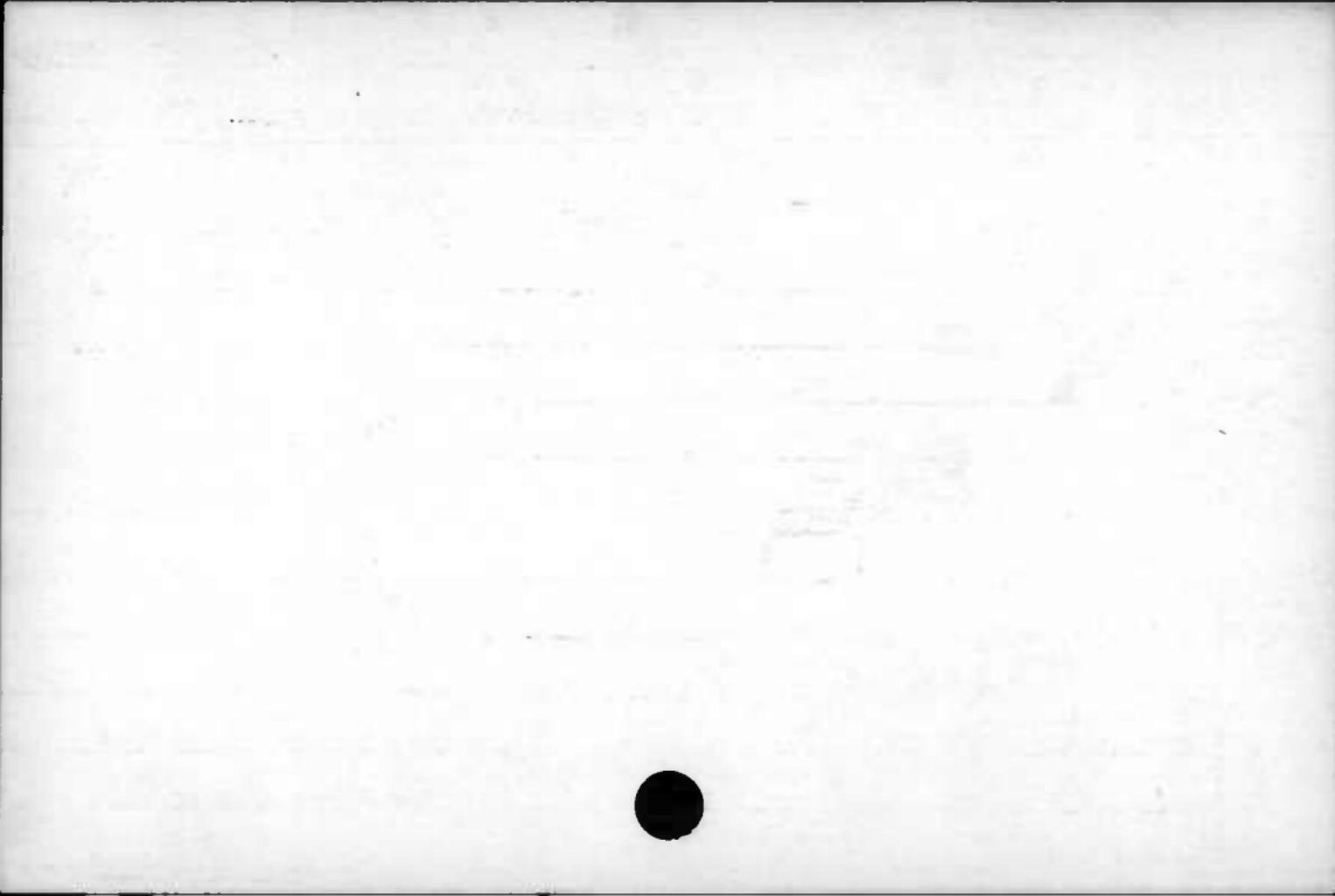
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Wishard
Leitersburg, Md.

Accident or Suicide?



Name
in
Full

Sarah Lockbaum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	72	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Lockbaum			
Father's Name	Zachariah Davis				
Mother's Maiden Name	Cecile Heller				
Name of person giving Information	Lancelot Blank				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Abraham Spink
Bear Spring
Washington Co.

193

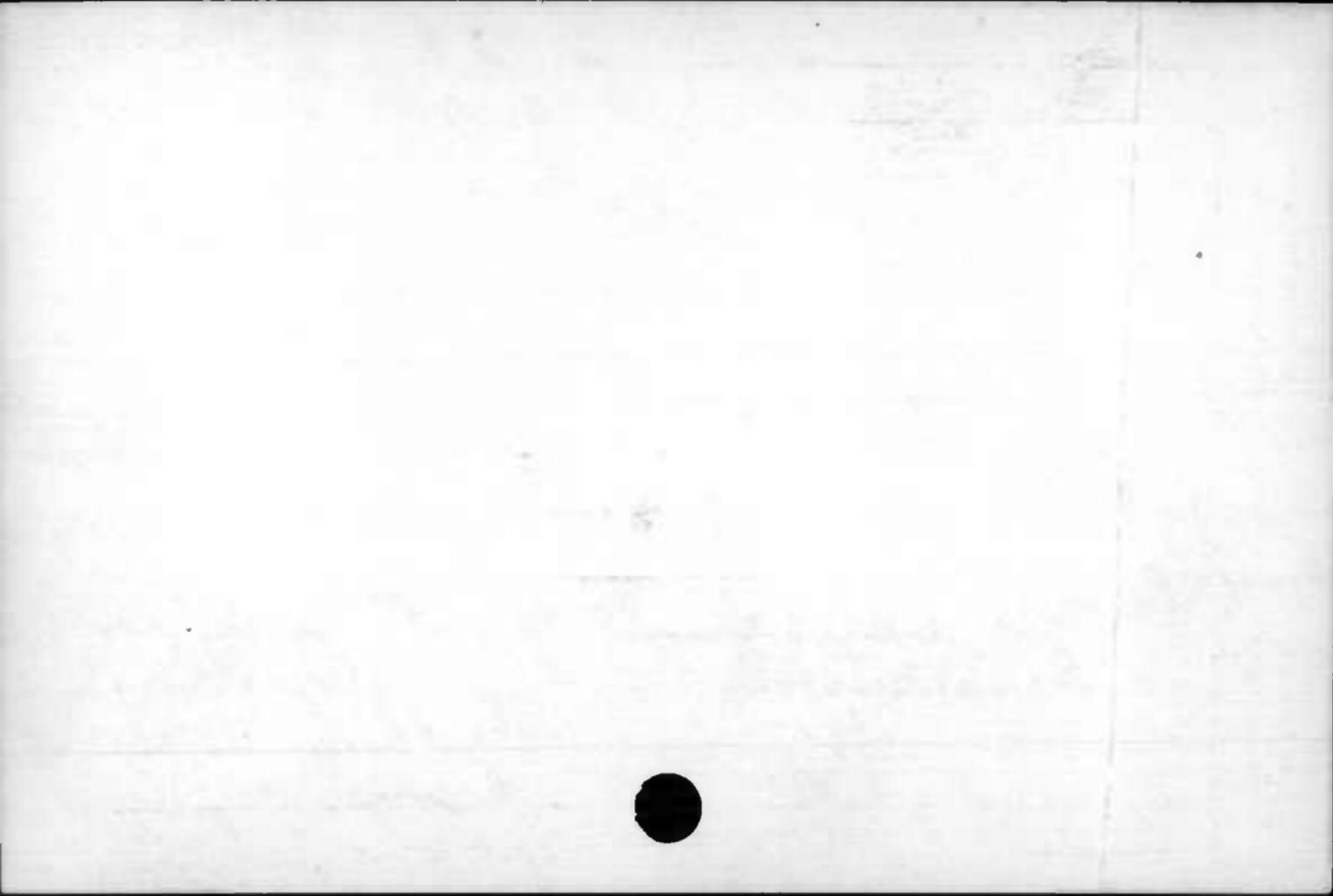
How long

Nine days

How long

One day

Accident or Suicide?



Name
in
Full

Mazzetto Luigi No 556

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month Day	Age Years	Months	Days	
Sex	Male	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation	Laborer			Italy	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Kinetic Explosion Dynamite Instantly

How long

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

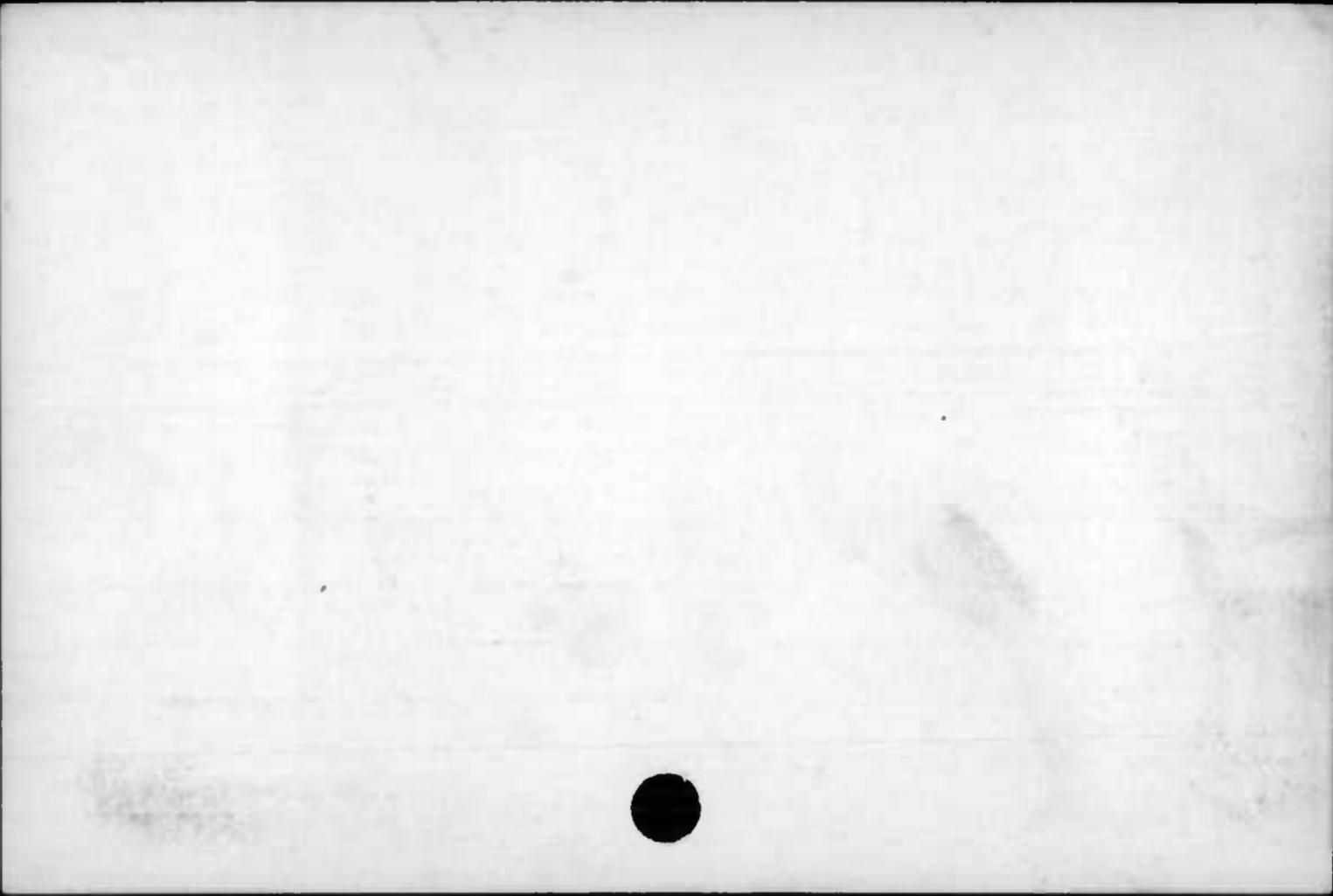
Dr. Foster
as known
as known

Signature of
Physician

Address

Mr. H. C. Foster
Baltimore

Accident or Suicide?



Name
in
Full

Christopher McCauley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Highfield</u>		Town	<u>Washington</u>		County	MARYLAND	
Date of death	<u>1905</u>	Month <u>12</u>	Day <u>24</u>	Age	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place		
Occupation	<u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband					
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	<u>Reuben McElain</u>		How related to deceased				

CAUSES OF DEATH

Primary Rheumatism  How long 15 years.

Immediate General debility & old sores How long

Are the name, age, sex, color, date and place correctly given above?

Yes

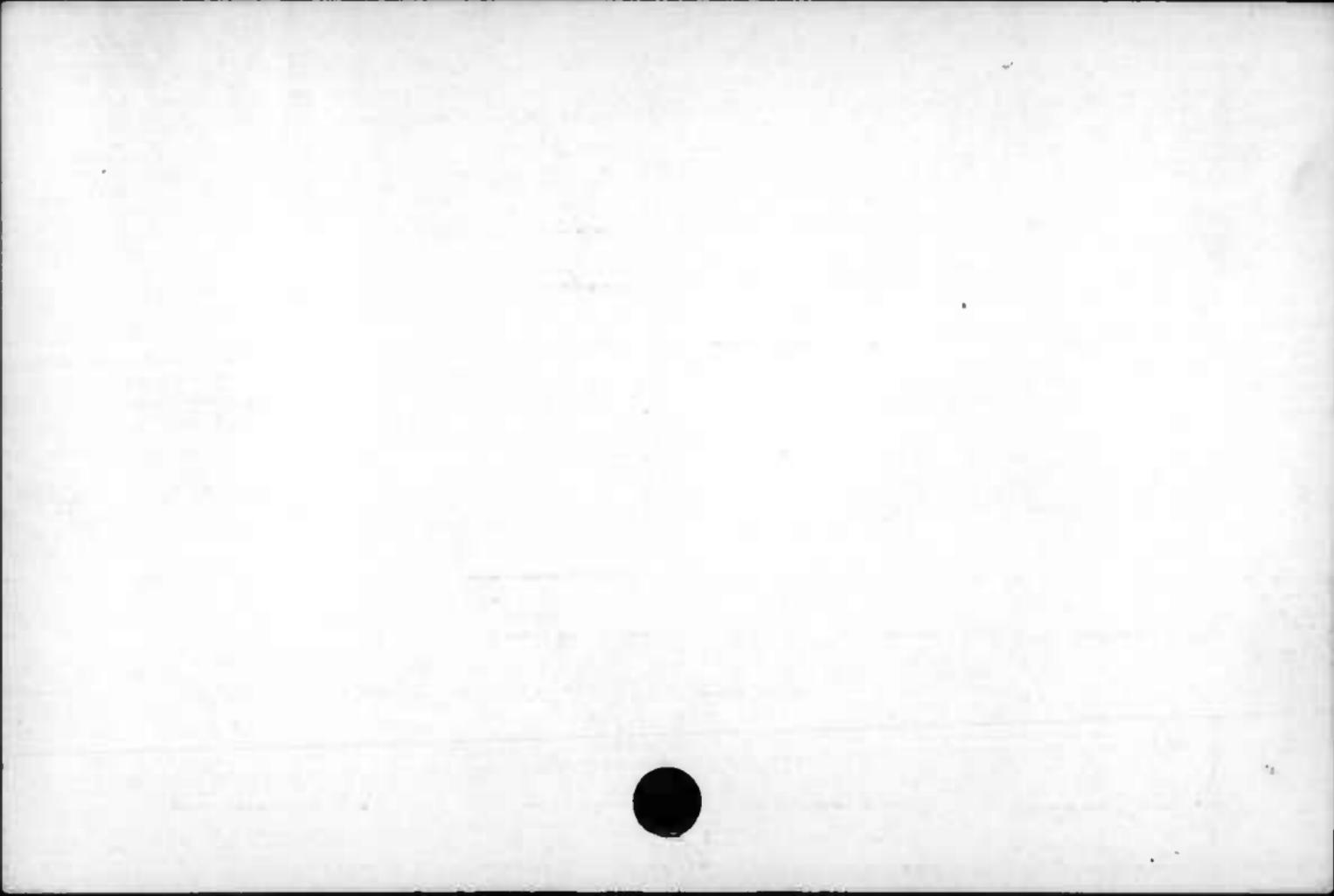
Signature of Physician

C. L. Wachler M.D.

Address

Sabreaville
Md.

Accident or Suicide?



Name
in
Full

Mrs Reannah Metz

CERTIFICATE OF DEATH

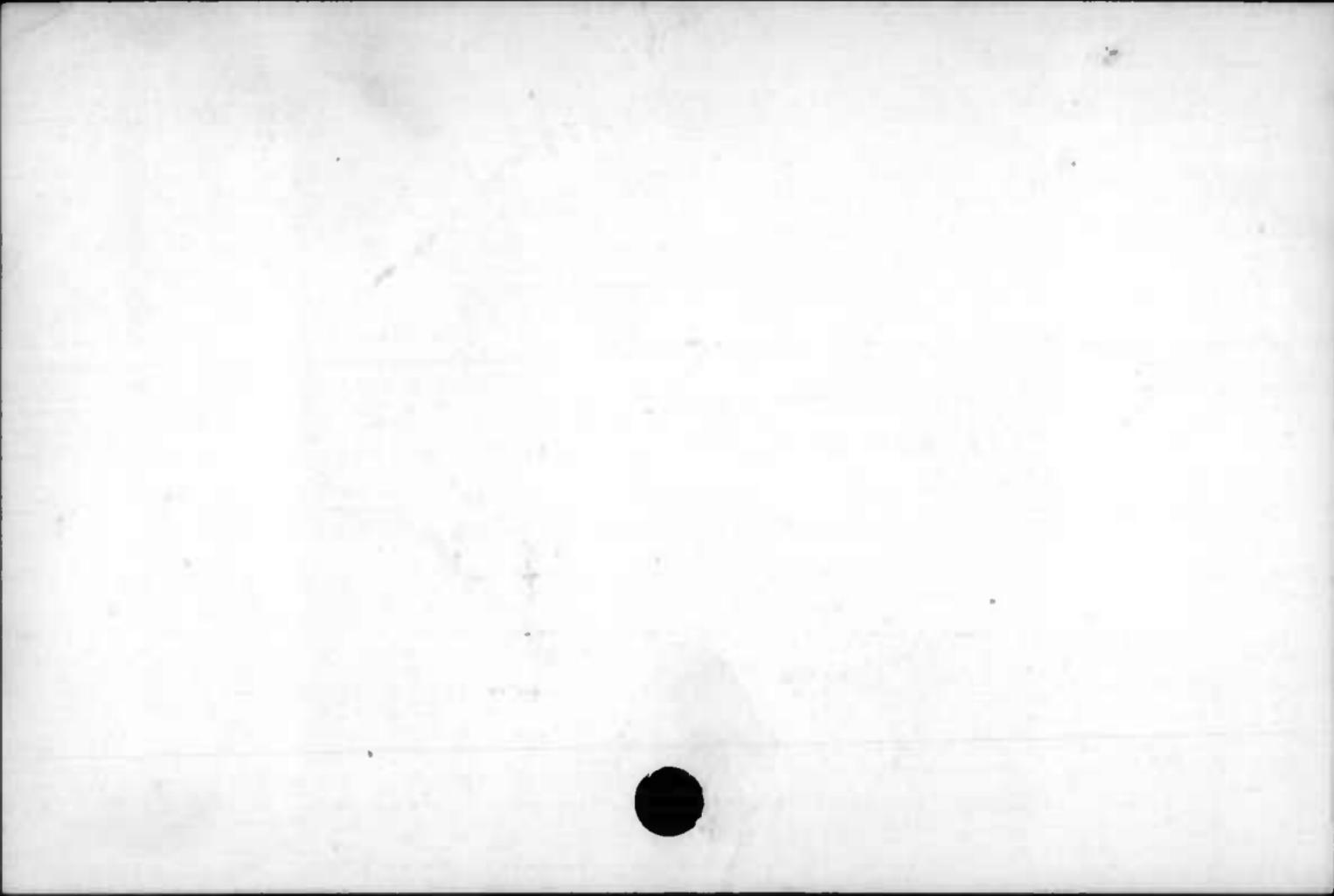
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antietam</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>2</u>	Years <u>85</u>	Months <u>4</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Mar Tregon</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Mar Tregon</u>				
<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	Name of wife or Husband <u>Joseph Patterson</u>			
<input checked="" type="checkbox"/> Widowed		Father's Birthplace <u>Mar Tregon</u>			
Father's Name <u>Joseph Patterson</u>	Mother's Birthplace <u>" "</u>				
Mother's Maiden Name <u>Elizabeth Lett</u>	How Related to deceased <u>Cousin</u>				
Name of person giving Information <u>Delilah Metz</u>					

CAUSES OF DEATH

Primary <u>Old Age</u>	<input checked="" type="checkbox"/>	How long
Immediate <u>Nitral Heart Disease</u>	<input checked="" type="checkbox"/>	How long <u>10 years</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>H. M. Piliser</u>
		Address <u>Kingsville Md.</u>
<input checked="" type="checkbox"/> Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Nellie S. Neuman

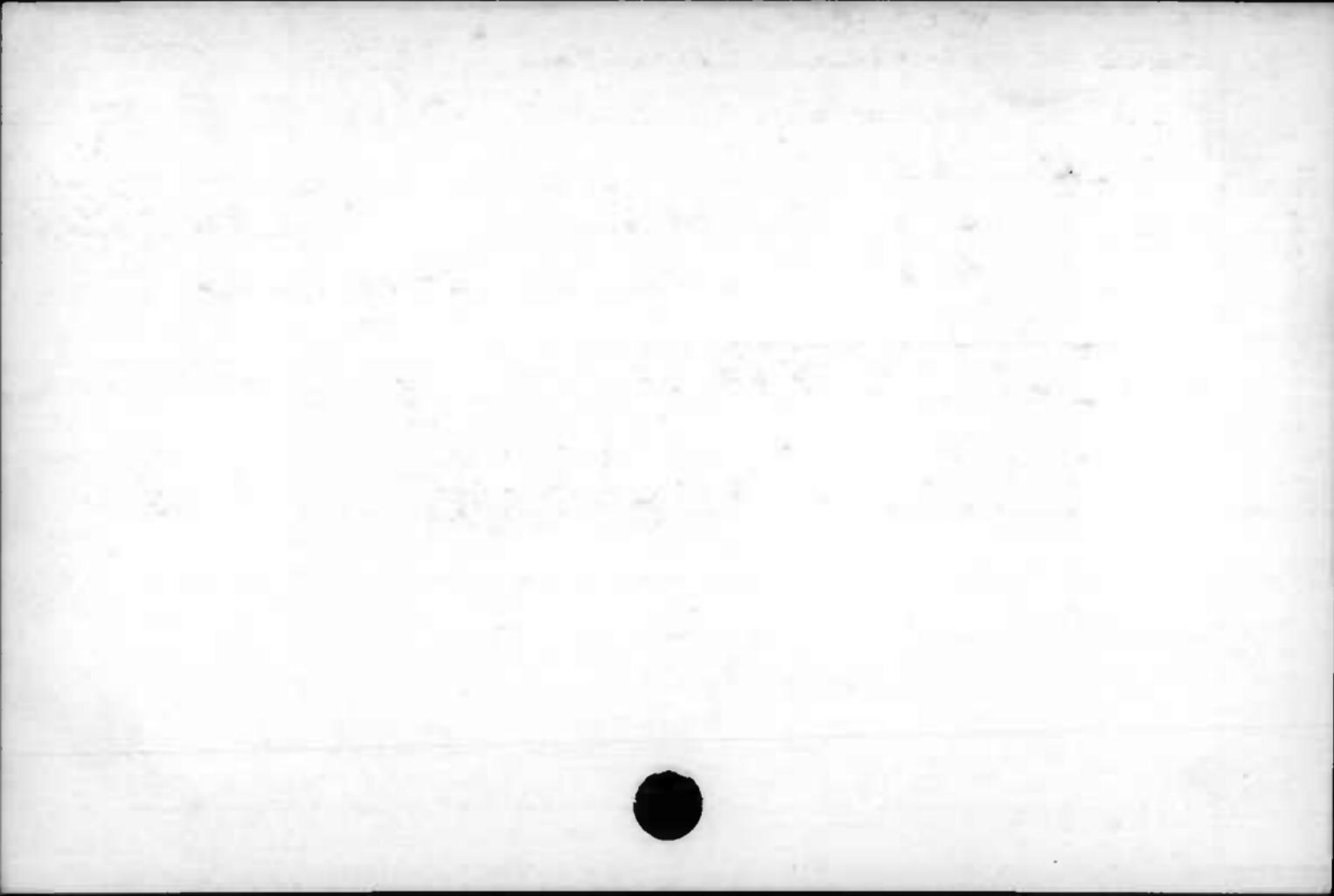
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	12	21	31	8	16
Sex	Color or Race	white	Birth-place	Md.	
Female					
Occupation		Where Residing if not at place of death			
H.W.					
Married, Single or Widowed	Name of Wife or Husband	Thos B. Neuman			
married	Lewis Delmarter	Bermuda			
Father's Name	Lewis Delmarter				
Mother's Maiden Name	Eliza Wantz (2)				
Name of person giving information	J. H. Neuman				
	How related to deceased				
	husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal tuberculosis	How long	one year
Immediate	Suffocation	How long	several months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	O. D. O. S. Agnew	
	Address	Hagerstown Md	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Petre

Town

CERTIFICATE OF DEATH

MARYLAND

Died at

Fairplay

County

Washington

Date

of death

1903

Month

12

Day

1

Years

89

Months

2

Days

24

Age

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Retired Farmer

Where Residing if not
at place of death

Married, Single,
or Widowed

Name of Wife or
Husband

Father's
Name

Jacob Petre

Father's
Birthplace

Maryland

Mother's
Maiden Name

Leathaway Line

Mother's
Birthplace

Name of person giving
Information

Adolphine Petre

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cervical Adenitis

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

N. M. Reichard

Address

Fairplay.

Accident or Suicide?



Name
in
Full

Mrs Anna Virginia Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Two Locks Town

County

Washington

MARYLAND

Date of death 1905

Month 12

Day 1

Years 72

Months —

Days —

Sex Female

Color or Race white

Birth-place Washington County,

Occupation housewife

Where Residing if not at place of death Two Locks

Married, Single or Widowed

Name of Wife or Husband

Corbin Reed

Father's Name Robert Small

Father's Birthplace

Mother's Maiden Name Charlott Mactett

Mother's Birthplace

Name of person giving Information Harry Small

How related to deceased

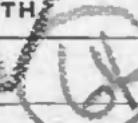
Nephew

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long



Immediate

Cardiac Failure

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

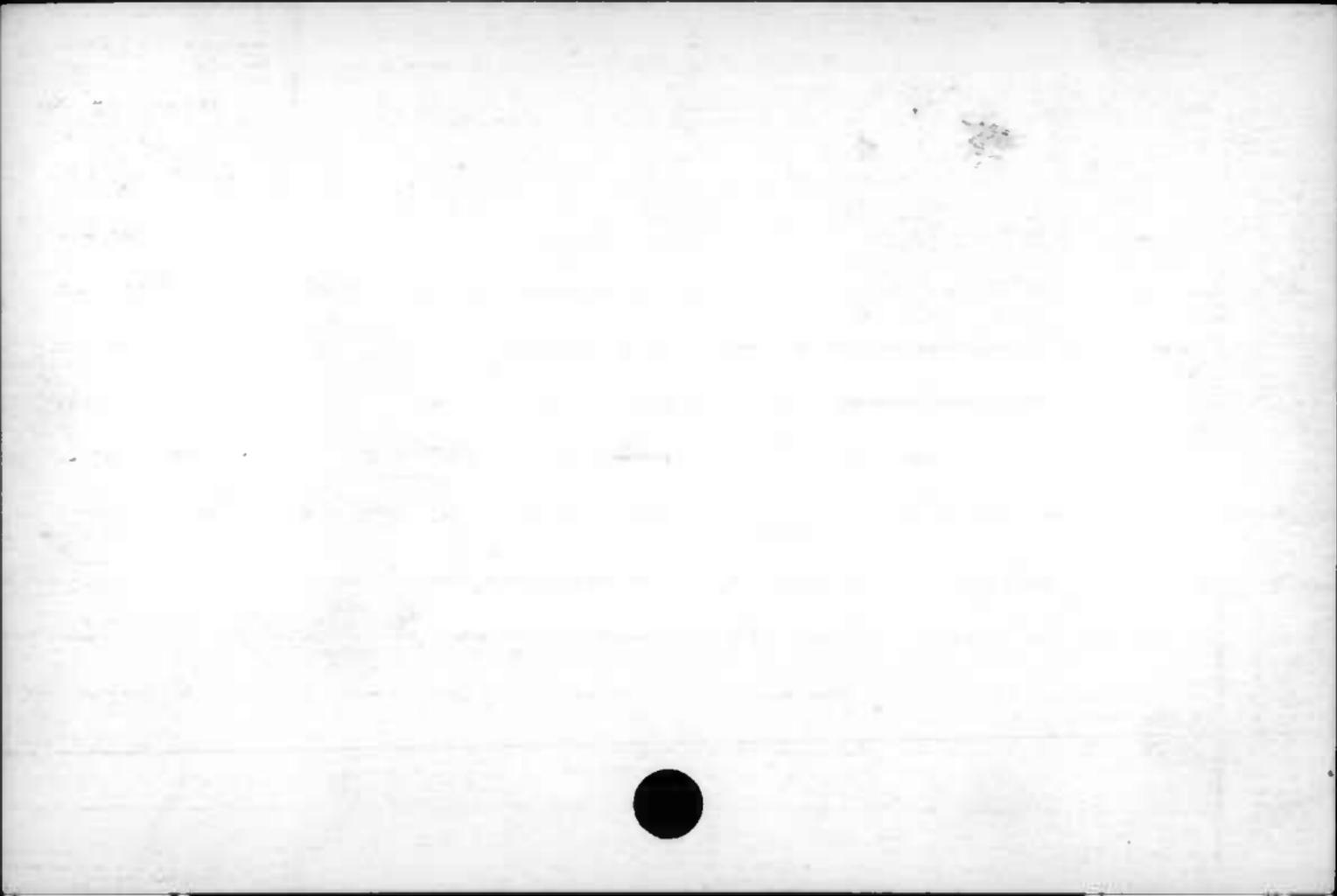
C. J. Mason, M.D.

Address

Clarendon
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Sarah L Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY

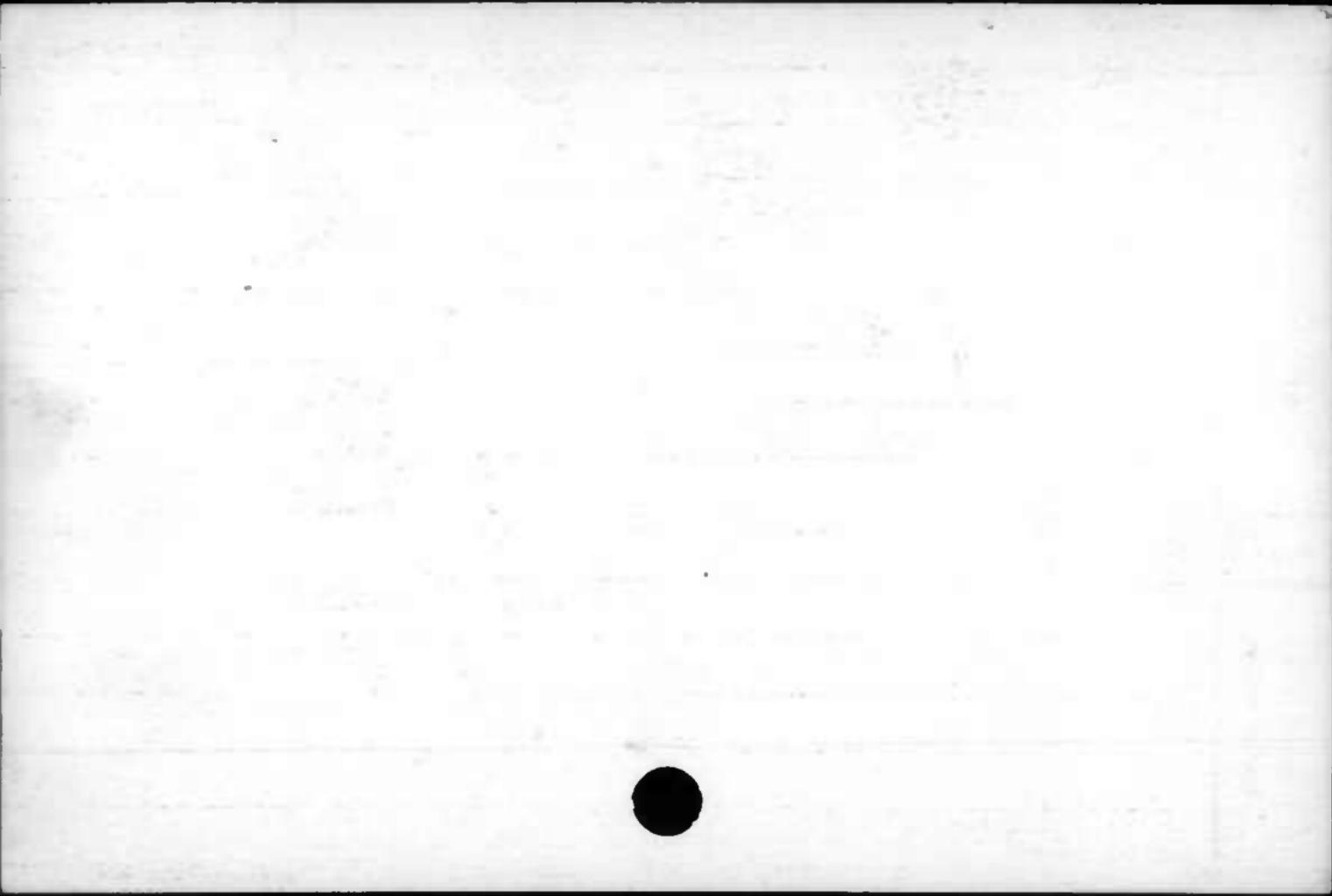
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Geo W. Reed				
Father's Name	don't know					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	Mrs S. F. Johnson					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dribility		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?			



Name
in
Full

Charles J. Penner

CERTIFICATE OF DEATH

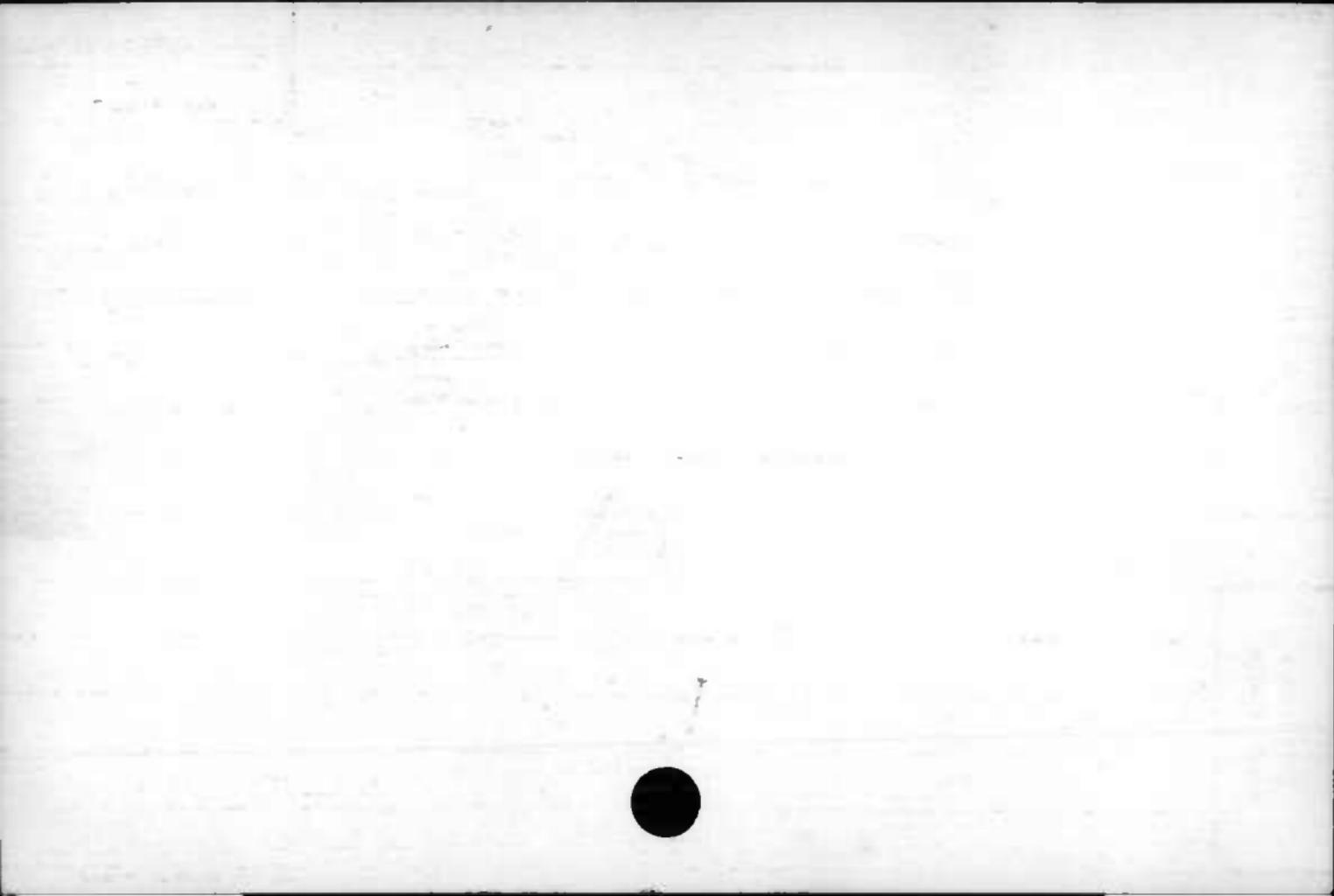
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas A. Penner				
Mother's Maiden Name	Grace Boward				
Name of person giving Information	Thomas Penner				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute nephritis	(N)	How long	10 days
Immediate	Debris of lungs		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. J. Deyman,
			Address	Hagerstown 110
Accident or Suicide?		no		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Harvey Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at Smithsburg.

Town County Washington

Date of death 1905

Month 12

Day 3

Years —

Months —

Days 5

Sex Male.

Color or Race White

Birth-place Smithsburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Aaron Reynolds.

Father's Birthplace Greengburg

Mother's Maiden Name

Nettie Hoffman.

Mother's Birthplace Fairfield

Name of person giving information

Mrs Frank Bachell

How related to deceased Cousin

CAUSES OF DEATH

Primary

Convulsions

How long One day

Immediate

"

How long "

Are the name, age, sex, color, date and place correctly given above?

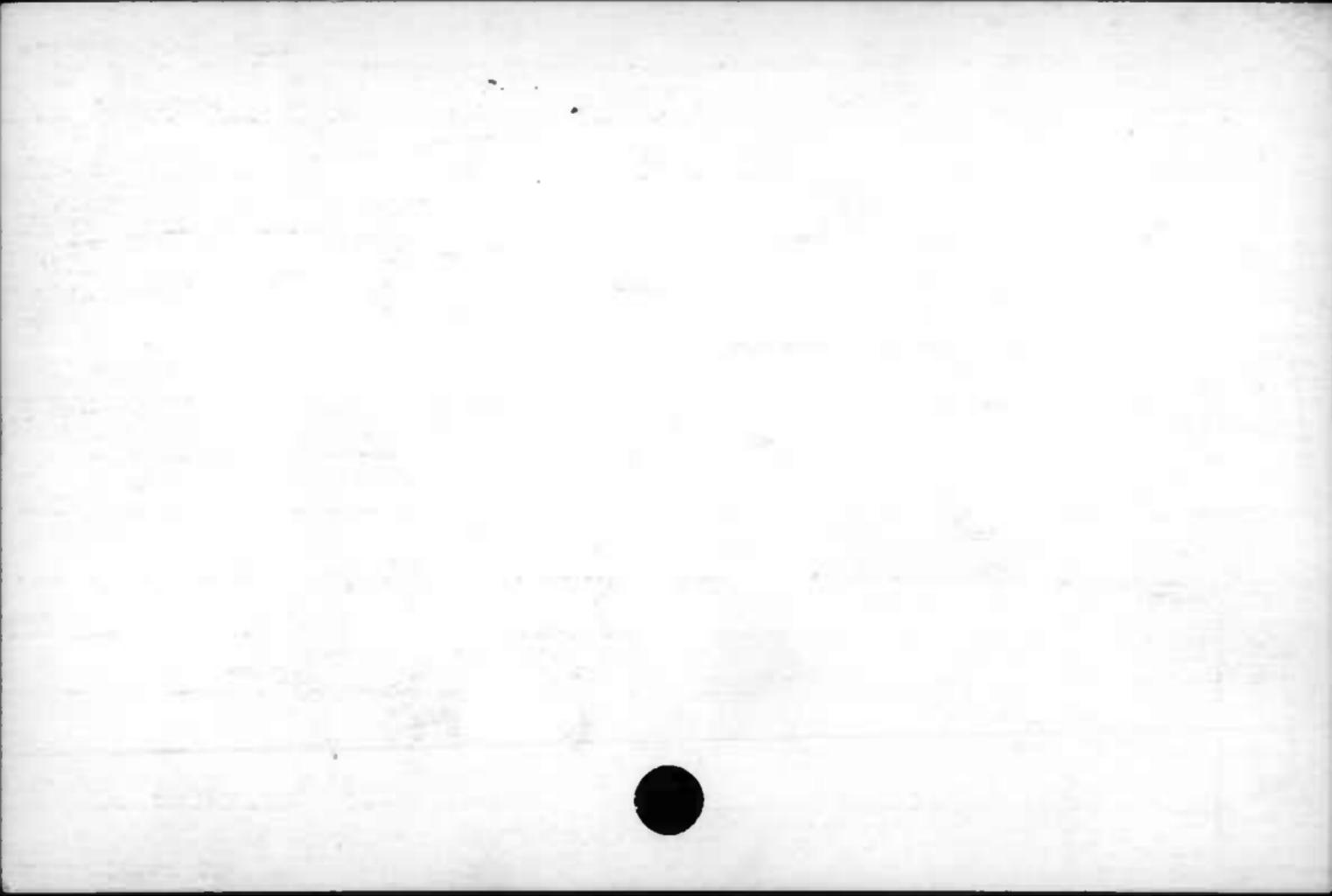
Yes

Signature of Physician

Address

Dr Joe Prozman
Smithsburg
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u>		Town <u>Town</u>		County <u>Maryland</u>		MARYLAND	
Date of death <u>1905 Dec 17th</u>	Month <u>Dec</u>	Day <u>17th</u>	Years <u>66</u>	Age <u>66</u>	Months <u>9</u>	Days <u>29</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Leitersburg</u>			
Occupation <u>Fannie daughter</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>						
Father's Name <u>Henry Schriver</u>			Father's Birthplace <u>Leitersburg</u>				
Mother's Maiden Name <u>Barbara Sind</u>			Mother's Birthplace <u>Leitersburg</u>				
Name of person giving information <u>Alice Schriver</u>			How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary

Paralysis

How long

36 h

Immediate

Capillaryia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

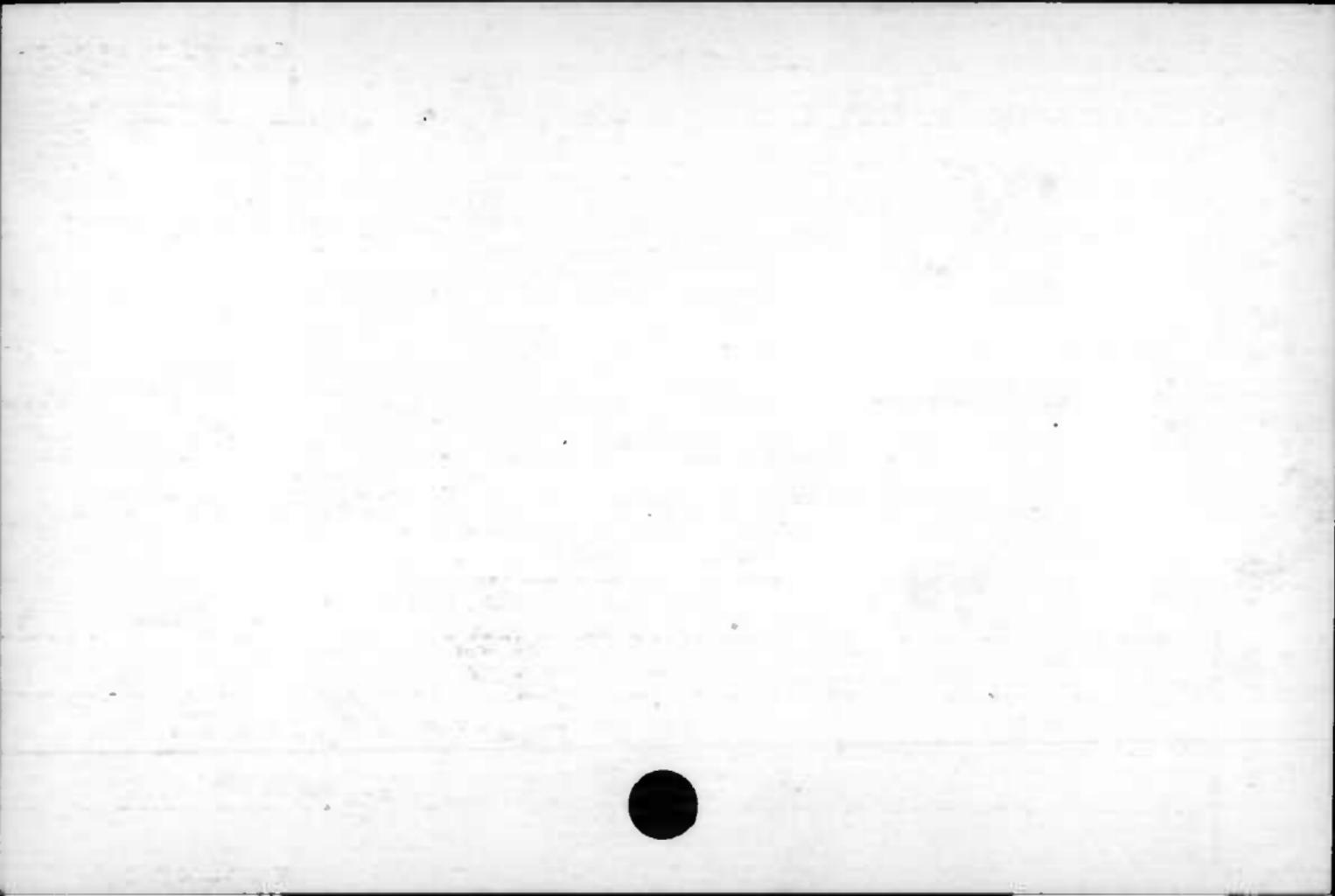
Dr M D Hefner

Address

Smithsburg
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Arthur Friby Sharer.

296

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Williamport	Mash.			
Date of death 1905	Month Dec.	Day 21	Age 2	Years	Months 6 Days 11
Sex	Male	Color or Race white American	Birth-place	williamsport	
Occupation	Chef	Where Residing if not at place of death	williamsport		
Married, Single or Widowed	-	Name of Wife or Husband			
Father's Name	Norman Sharer		Father's Birthplace	Kernemile	
Mother's Maiden Name	Margaret Knodle.		Mother's Birthplace	williamsport	
Name of person giving Information	Margaret Sharer		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Obstruction of lungs

How long

one day

Immediate

Heart failure -

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W.S. Richardson

Williamsport Md

Accident or Suicide?

20 six C Jani

Name
in
Full

Mary B. Shuey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Waddeburg	Town	Franklin	County,	Penn.		
Date of death	1903	Month	12	Day	7	Years	45
Sex	Female	Color or Race	White	Birth-place	Pa		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Herman Shuey	Father's Birthplace	Pa		
Father's Name	Martin Burkett	Mother's Maiden Name	—	Mother's Birthplace			
Name of person giving information	Herman Shuey			How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

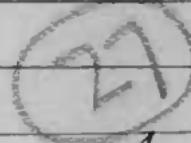
Primary

Consumption

How long

Six Months

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

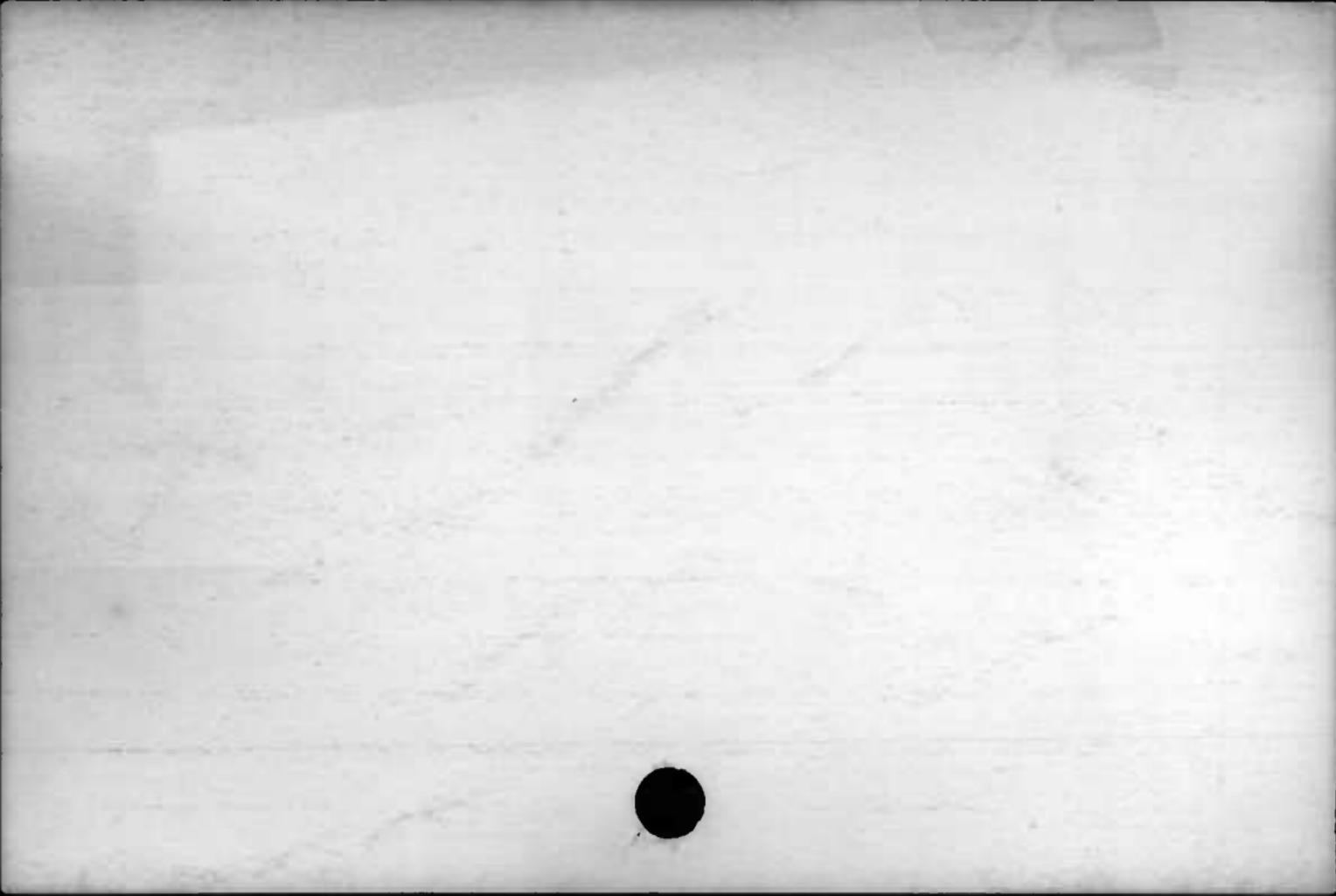
Address

A.R. Brewbaker

Undertaker

State Line Pa

Accident or Suicide?



Name
in
Full

Anna Mary Shupp.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>near Hagerstown</u>		Town	County <u>washington</u>	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>2</u>	Years <u>—</u>	Months <u>13</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>		
Occupation <u>v</u>	Where Residing if not at place of death <u>v</u>			
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>			
Father's Name <u>Hiram Shupp</u>	Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Susan Farmer</u>	Mother's Birthplace <u>md.</u>			
Name of person giving Information <u>Hiram Shupp</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion 104 How long 2 hours

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

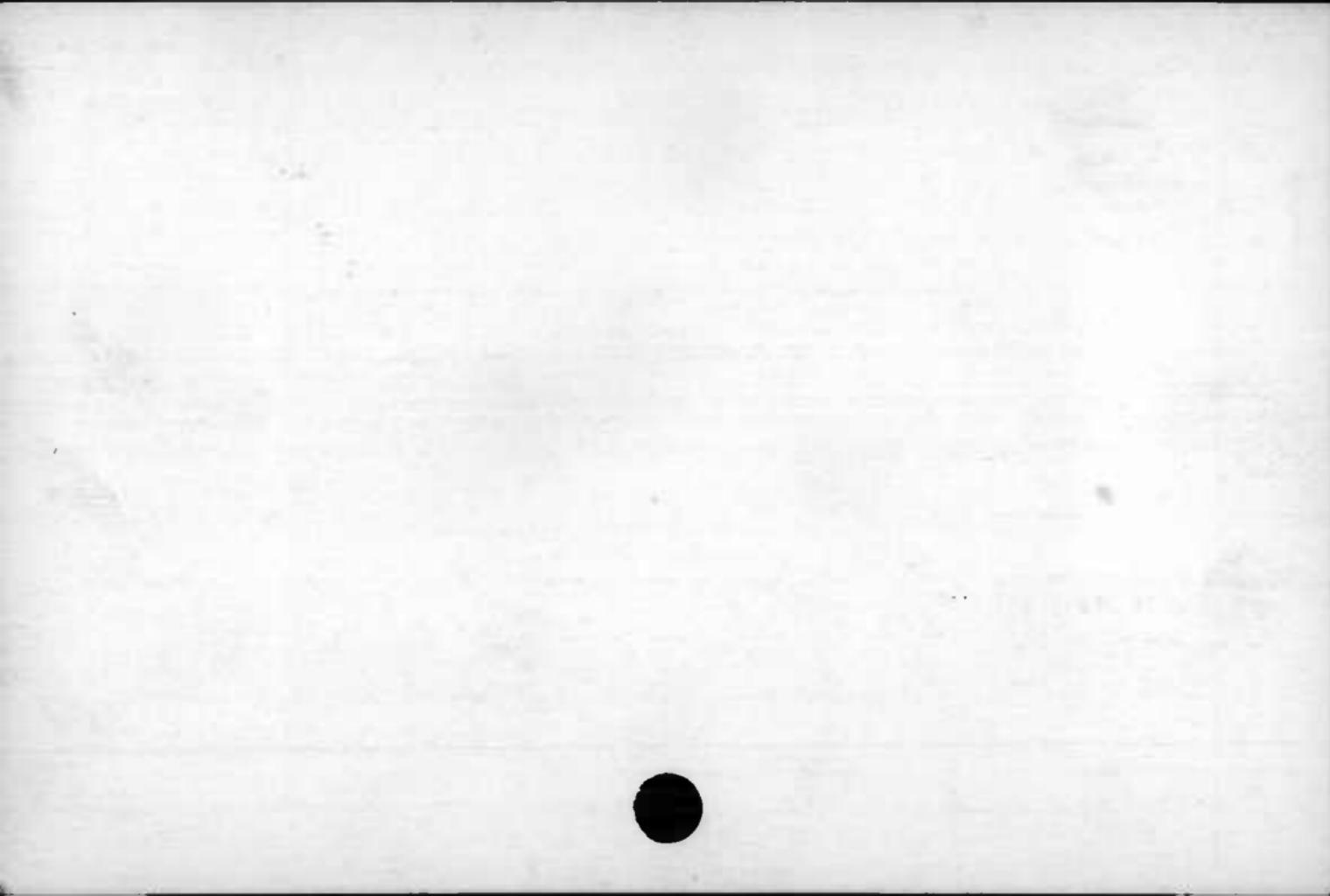
yes

Signature of Physician

Address

Winston Miller
Hagerstown Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Warfield Simmons

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	5	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Florence Bryan Simmons			
Father's Name	James Simmons				
Mother's Maiden Name	Sophia Simpson				
Name of person giving information	Roger Simmons				

CAUSES OF DEATH

Primary

Industrial Obstruction

How long

5 days.

Immediate

Uremia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

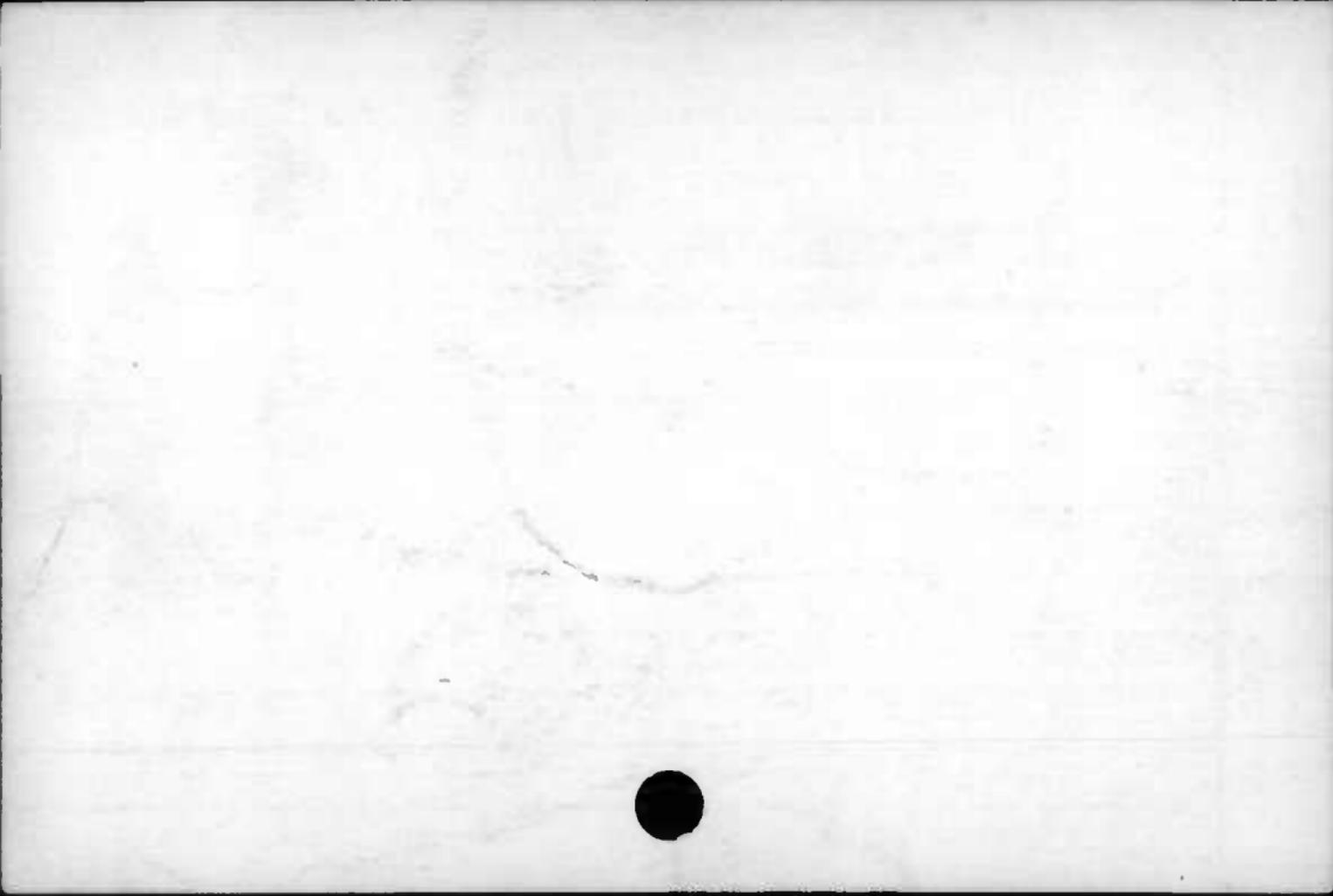
YEs.

Signature of Physician

Address

R.P. Schell

Accident or Suicide?



Name in Roll

Certificate of Death

Cora Katherine Smallwood

Town

Sandy Hook

County

Washington

MARYLAND

Died at

Date ~~1905~~ 1905 12 31

Month

Day

Y.

M.

D.

Native of

3

Sandy Hook

Occupation

infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameG. O. SmallwoodMother's
NameA. E. Smallwood

Cause of

Primary

MarasmusHow long sick
one day

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr B B Ranson

Address

Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Barbara Snyder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation:	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Neal Snyder	Md	
Mother's Maiden Name	Lillian Startzman	Mother's Birthplace	Md
Name of person giving information	Ray Myers	How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

Five days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

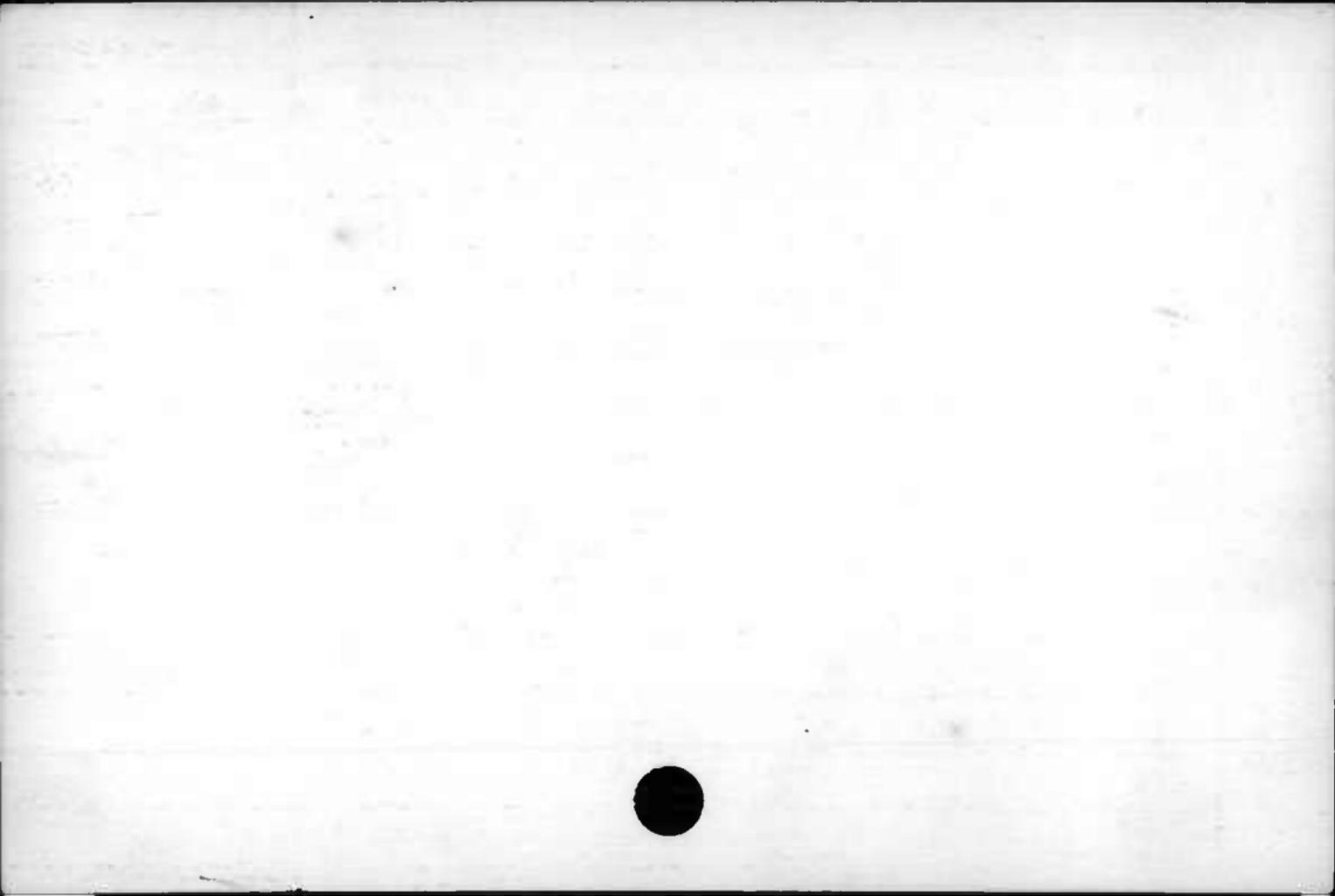
H. H. Dan. M.D.

Yes

Address

Hagerstown
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Rose Kyser-Steck

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Luther Steck				
Father's Name	Mary Kyser					Father's Birthplace
Mother's Maiden Name	Elyza-Steve Peoples					Mother's Birthplace
Name of person giving information	Luther Steck					How related to deceased

CAUSES OF DEATH

Primary	Chronic nephritis	How long	years
Immediate	Exhaustion	How long	2 months.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. Preston Miller
Hagerstown, Md.

Address

Accident or Suicide?

No

Welsh Pm

Name
in
Full

Mary Elizabeth Thomas.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death		Died at home.		
Married, Single or Widowed	Name of Wife or Husband	John J. Thomas			
Father's Name	Henry Johnson.				
Mother's Maiden Name	Mary E. Sleath				
Name of person giving information	Russie H. Thomas				
CAUSES OF DEATH					
Primary	Old age				
Immediate	54				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
		Address	How long		
Accident or Suicide?		Signature Hancock, Md.			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Emily Thompson			MARYLAND		
Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Hagerstown

1903 - 12 29 60

Female Colored

House Worker

Widow

John Pollard

Doris Ruoy

Emily Proge

Na

Na

Daughter

CAUSES OF DEATH

Primary

Interstitial nephritis



How long

Six months

Immediate

Heart failure

How long

Twelve hours

Are the name, age, sex, color, date and place correctly given above?

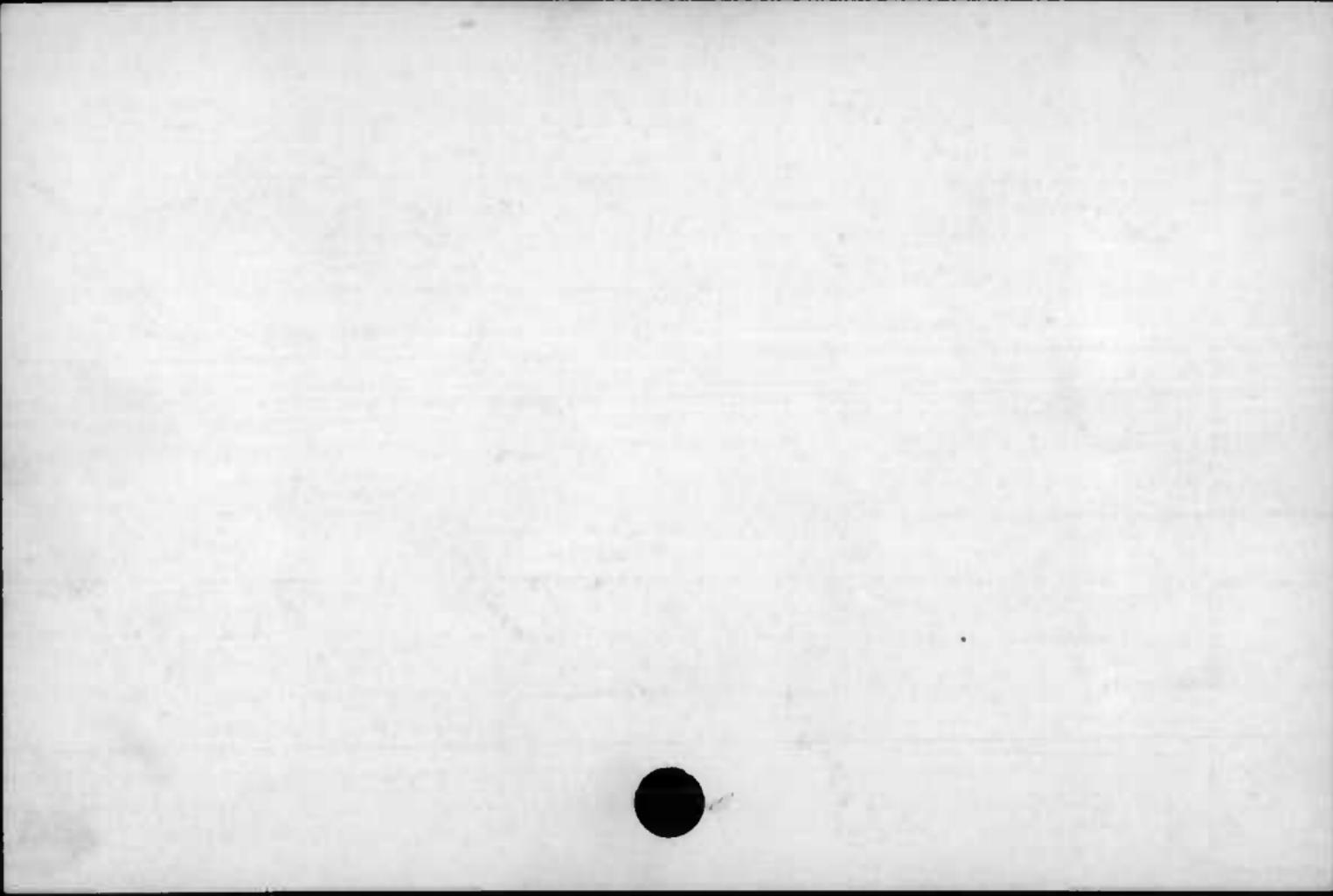
Signature of Physician

Daniel G. Coathans

Address

Hagerstown Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY NEAREST FRIEND	<i>John Titlow</i>					CERTIFICATE OF DEATH	
	Town <i>Hagerstown</i>	County <i>Wash.</i>				MARYLAND	
Died at						Months	Days
Date of death	1905	Month 12	Day 23	Years 64			
Sex	Male	Color or Race	white		Birth- place	<i>md</i>	
Occupation	<i>Brick Mason</i>		Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	<i>Malinda Titlow</i>		Father's Birthplace	<i>md</i>	
Father's Name	<i>John Titlow</i>				Mother's Birthplace	<i>"</i>	
Mother's Maiden Name	<i>Anna Moxley</i>				How related to deceased	<i>daughter</i>	
Name of person giving Information	<i>Bessie Titlow</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

100

How long

10 yrs.

Immediate

Suicide, exhaustion

How long

1 yr.

Are the name, age, sex, color, date
and place correctly given above?

YES

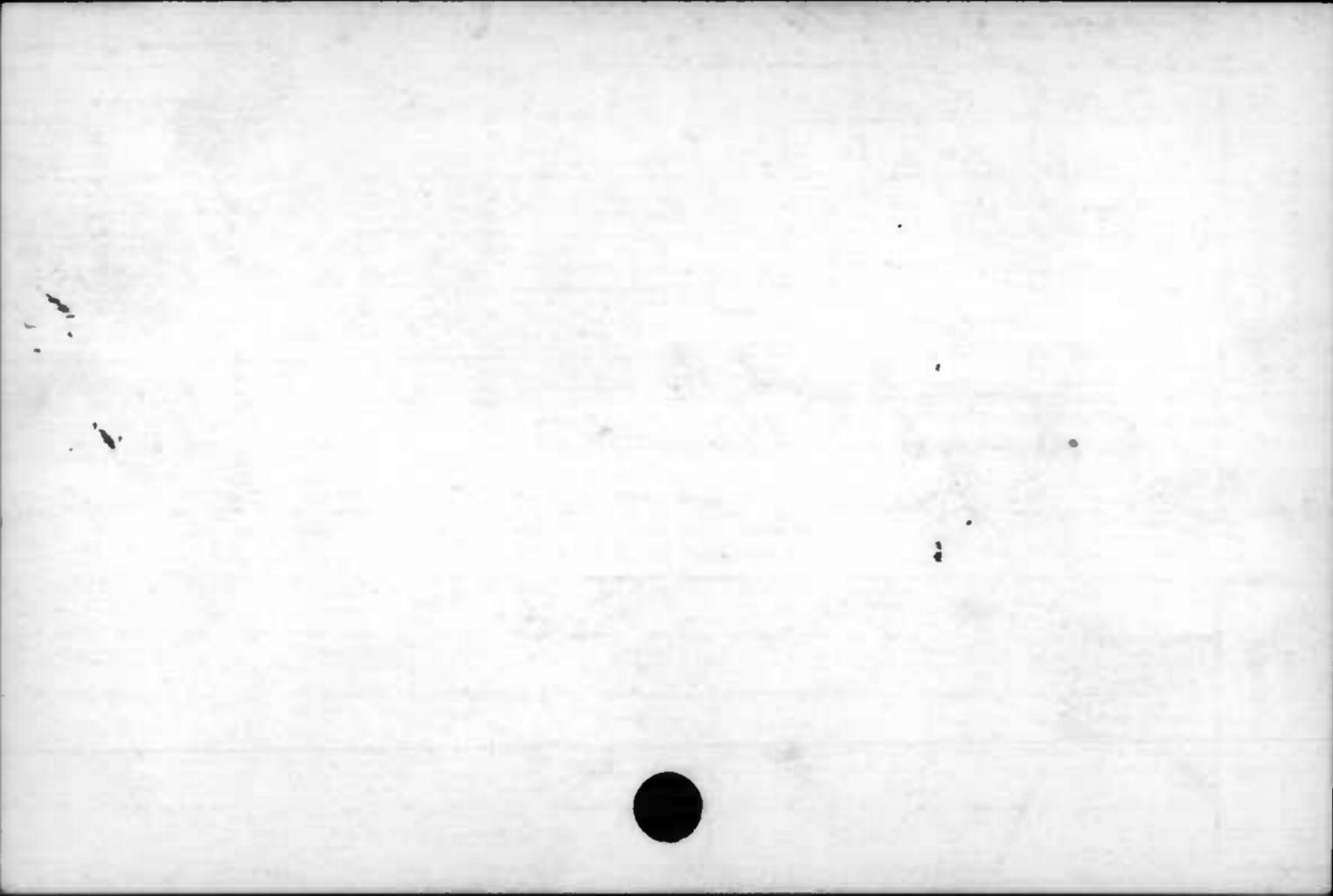
Signature of
Physician

M Morrison

Accident or Suicide?

Address

Hagerstown md



Name
in
Full

Sarah Travers

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Middleburg	Town	Franklin	County	Pa	MARYLAND	
Date of death	1904	Month	12	Day	29	Years	
Age	72	Color or Race	White	Birth-place	Months Days		
Sex	Female	Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Daniel Travers				
Father's Name	Peter Brewbaker			Father's Birthplace	dust Anna		
Mother's Maiden Name	cloty Samm			Mother's Birthplace			
Name of person giving information	Frank Travers			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Cinnamonia

40 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. A. Brewbaker

Address

undertaker

Accident or Suicide?

Middleburg Pa

Madebury.

Name
in
Full

James Wishard						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec	Day 14	Years 88	Months 1	Days 23	
Sex	Male	Color or Race	White		May newton P		
Occupation	Farmer		Where Residing if not at place of death		Farmer, Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Margery Wishard		Father's Birthplace	Wauwatu	
Father's Name	Jacob Wishard				Mother's Birthplace	Bethel, Pa	
Mother's Maiden Name	Rachel Myers				How related to deceased	None	
Name of person giving information	John Wishard						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long -

Immediate

Paroxysm of pain

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D.C.R. Miller M.D.

Signed at, witnessed by

Address

McConaughay & Son
Dr.

Accident or Suicide?

D. Maugans - tender laken